

MALVERN PREPARATORY SCHOOL

STUDENT EMERGENCY INFORMATION

Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Business

Phone: (Mother) _____ (Father) _____

Cell: (Mother) _____ (Father) _____

List two people who will assume temporary care of your son if you are unavailable.

1. _____ Phone: _____

2. _____ Phone: _____

The following medication may be administered at the discretion of the school nurse, athletic trainer, or designee as assigned by the Head of School.

Advil (Ibuprofen) Yes ___ No ___

Antacid (Tums/Maalox) Yes ___ No ___

Benadryl (Diphenhydramine Hydrochloride) Yes ___ No ___

Tylenol (Acetaminophen) Yes ___ No ___

HEALTH INFORMATION

Record the most current date for Tetanus: _____

Bee Sting Allergy Yes ___ No ___

If yes, treatment required: _____

Allergies (medications, food, etc.): _____

List the following:
SPECIFIC HEALTH CONCERNS

MEDICATIONS

RESTRICTIONS ON ACTIVITY
(Physician's note required)

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

MEDICAL STATEMENT / RELEASE FORM

Student Name: _____ Grade: _____

Medical Insurance Company: _____

Medical Insurance Company Phone Number: _____

Name of Policy Holder: _____

I.D. #: _____ Group #: _____

(I/we) _____ give permission for (my/our)

Parent / Guardian Name(s)

son to receive medical first aid and treatment in the event of an emergency.

(I/we) understand that this permission is given only for such treatment that is of an emergency nature. It is further understood that (my/our) son is properly covered by medical insurance that will pay for such treatment.

(I/we) give permission to the Malvern Preparatory School to release medical information to the faculty/staff on a need-to-know basis. The nurse and/or athletic trainer will determine the need-to-know basis.

Signed: _____ Date: _____

_____ Date: _____