

The Sagemont Upper School
Health & Emergency Information

2018 - 2019 School Year

Student Name: _____

Address: _____

Parent/Guardian	Home Phone	Cell Phone	Work Phone
_____	() _____	() _____	() _____
_____	() _____	() _____	() _____

Mother's email _____ Father's email: _____

Persons to be contacted in case of an emergency if parent/guardian cannot be reached and who are authorized to remove the student from school:

Name	Home Phone	Cell Phone	Work Phone	Relationship
_____	() _____	() _____	() _____	
_____	() _____	() _____	() _____	
_____	() _____	() _____	() _____	
_____	() _____	() _____	() _____	

Child's Physician: _____ Phone #: () _____

Allergies or Special Needs: _____

My permission is hereby granted to the school personnel to administer the recommended dosage of acetaminophen, allergy medicine or stomach antacid to my child when needed for relief of a headache, painful discomforts or fever due to the common cold. **Do not specify the medication; please indicate Yes or No only.**

Acetaminophen	Yes _____	No _____
Allergy Medicine	Yes _____	No _____
Stomach Antacid	Yes _____	No _____

It is the school policy that no internal medication will be given to your child unless this form has been filled out, signed and returned to the office. If your student is on a daily medication that must be taken while at school, the school must have a *Medication Form*, signed by the parent, with dosage listed, which will be valid for the school year. Forms can be obtained from the school office. Under no circumstances should a student self-medicate or have unauthorized medication on school property.

Parent/Guardian
Signature: _____ Date: _____