

Maclay Pre-K

Student Health & Emergency Information

Student's Name _____

Date of birth _____ Telephone # _____

Address _____

City _____ Zip Code _____

Emergency Contact Information:

Parent/Guardian Name	Cell Phone #	Work #	Email

Health Concerns:

List any health conditions such as heart disease, asthma, allergies, diabetes, etc.

List any prescription medications used regularly, purpose of medication, and any dosage required at school. (A permission form will need to be completed if dispensing at school is necessary.)

Authorization to administer non-prescription medication:

Non-Prescription Medication	Reason	Yes	No	Call First
Tylenol/Ibuprofen	Fever			
Anti-itch cream	Stings & itching			

Parent Signature _____ Date _____