



Nevada State Early Childhood Education Center

EMERGENCY DATA & MEDICAL HISTORY

Student _____ Address _____ Date of Birth _____

Student Lives With: Both Parents Mother Father Other _____ Mother/Guardian

Name _____ Home Phone _____ Cell

Phone _____ Work Phone _____ Email _____

Father/Guardian Name _____ Home Phone _____

Cell Phone _____ Work Phone _____ Email _____

Emergency Contact (other than listed above) _____ Phone _____

Student's Physician _____ Phone _____

Health Issue	Yes	No	Health Issue	Yes	No	Health Issue	Yes	No
Diabetes: Type 1/Type 2			Seizure Disorder			Bleeding Disorder		
Hypoglycemia			ADD/ADHD			Endocrine Disorder		
Lung Problems			Bipolar Disorder			Nosebleeds		
Asthma Type/Reactive Airway Disease			Autism Spectrum Disorder			Migraine/Cluster Headaches		
Heart Problems			Depression/Anxiety			Gastrointestinal Problem		
Hearing Problems/ Hearing Aid			Orthopedic Problem			Physical Disability		
Neurological Disorder			Visual Impairment			Other:		
Skin Disorder			Glasses/Contacts					

Is student taking any medication either at home or at school (inhaler, ADHD medication, etc)? _____ If yes, please list name, dosage and reason _____ Does this

child have any allergies? Life-threatening food allergy Food allergy, non-life threatening Food Intolerance Drug Allergy Seasonal Allergies/Hay Fever Other allergy _____ If yes, please describe: _____

Has the child been prescribed an Epi-pen? _____

List any other health conditions or concerns for your child: _____

A representative of the Nevada State Early Childhood Education Center has my consent to seek emergency medical treatment for this child. The School will do everything possible to reach the parent/guardian in case of illness or accident. The emergency contact person listed has agreed to be designated by you to take full responsibility for your child when no parent/guardian can be reached by phone. The school has permission to share pertinent information provided in this document with appropriate members of your child's educational team as necessary to meet the health and educational needs of the student.

Signed _____ Date _____ NAEYC Standard 5.A.01