



## 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/Asperger's			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 medication 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 \_\_\_\_\_

\*If your child requires, or might require (in the case of allergies) medication during school, please see office administrator for additional required forms.