

SUDBURY PUBLIC SCHOOLS

CONFIDENTIAL STUDENT HEALTH AND EMERGENCY INFORMATION

Please complete and return to the health office before or on the first day of school.

(Please list all elementary school students in household)

- 1. Student's Name _____ Sex _____ Grade in fall _____
- 2. Student's Name _____ Sex _____ Grade in fall _____
- 3. Student's Name _____ Sex _____ Grade in fall _____

Address _____ Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____

Place of Employment _____

Business # _____ Beeper # _____

Cellular # _____

Father/Guardian's Name _____ Home Phone _____

Address _____

Place of Employment _____

Business # _____ Beeper # _____

Cellular # _____

Babysitter/Au-Pair Name @ Home _____

Names of others who will assume responsibility/transportation in event we cannot reach you. (Please make them aware of their emergency status.)

Name	Telephone #	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Does your child have health insurance? Yes no

Health Insurance Company _____

Policy # _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information. All communication will be confidential.

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Hospital Choice: Metrowest[] Emerson[]

(Closest hospital choice will be made by emergency crew in life threatening situation.)

In case of emergency every effort will be made to contact parents.

I give permission for Emergency Room Personnel to treat my child in the event of a life-threatening, disabling, or other potentially serious situation.

Signature of Parent/Guardian _____ **Date** _____