

EAST BOSTON CENTRAL CATHOLIC SCHOOL



Student Emergency Information

Name of Student _____ Grade _____

In case of an accident or illness **first person to be notified:**

Parent/Guardian Name _____ Home # _____ Cell # _____

Work # _____ E-mail _____

Alternate person to be notified in case of an accident or illness:

Name _____ Relation to child _____ Home # _____

Cell # _____ Work # _____ E-mail _____

Please note: If your child has allergies or a medical condition, please explain on the lines below. You will need to fill out another more specific medical condition form which will be sent home.

Please remember we do not have the services of a full time nurse. School personal may **not** administer pills or liquid medication. Inhalers must be kept in the office and the **child must be able to self administer the proper dose**. Liquid or pill medications should be taken before the child comes to school. If medication is needed during the day a parent, guardian, or designated adult must come to school to administer the medication. Students may not have medicine in his/her possession.

Exception: If a child needs an epipen, we will need one for the office and the cafeteria. In case of an anaphylactic emergency, the staff **will** administer the epipen.

If this information should change during the course of the school year, please notify the school office immediately.

Parent Signature _____ Date _____