



**Emergency Contact Form:** \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

On the day of the State Standard Testing, I can be contacted at the following telephone number in the case of an emergency:

Primary Contact Number: \_\_\_\_\_

Secondary Contact Number: \_\_\_\_\_

Additional contacts in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medications or medical conditions the school staff should be aware of during the testing times: \_\_\_\_\_

Please indicate if your child carries the following medications to self-administer:

- Asthma Rescue Inhaler
- Epinephrine
- Insulin

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason: \_\_\_\_\_

**Please provide documentation from the prescribing physicians indicating the medication your child is permitted to carry and self-administer.**

*\*In the event of an emergency which would require medical care and treatment to be administered to the student, I hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this student.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_