

**ILLNESS AND INJURY RESPONSE AND PREVENTION**  
*(Emergency Information Form B Student)*

**Student Information**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Grade: \_\_\_\_\_ Bus \_\_\_\_\_ Homeroom or Classroom Teacher: \_\_\_\_\_

**Parent/Guardian Information**

The following information is to be completed by the parent/guardian. To serve your child in case of injury or sudden illness, it is necessary that you furnish the following information:

Name of Parent/Guardian/Stepparent/Person Acting as a Parent: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of Parent/Guardian/Stepparent/Person Acting as a Parent: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of Parent/Guardian/Stepparent/Person Acting as a Parent: \_\_\_\_\_

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Relationship to Student: _____			
Address: _____			
Home Phone: _____	Work Phone: _____	Mobile Phone: _____	Employer: _____

Name of Parent/Guardian/Stepparent/Person Acting as a Parent: _____			
Relationship to Student: _____			
Home Address: _____			
Home Phone: _____	Work Phone: _____	Mobile Phone: _____	Employer: _____

Does the student have siblings in the district? If so, list each child. Please include both first and last names and the school they attend.

First Name	Last Name	Relationship	School Building	Grade

In case of emergency, injury or serious illness of the above-named student, the school will contact the student's parents. If school personnel are unable to contact the parents, the school is authorized to contact the following persons who are authorized to receive pertinent information about the student, have the student released into their custody or make medical decisions about the student. If the district is already authorized to release the student into the custody of another person, the district may contact that person as well.

Name	Relationship to Student	Phone Number


Doctor's Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list any medical or personal information you would like the district to be aware of in order to adequately assist your child in an emergency:

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the school to take action necessary to maintain the student's health in my absence including, but not limited to, consenting to any emergency surgical, medical or other treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Notice**

Schools in this district are equipped with prefilled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by the school nurse in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board policy.

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**Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.**

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Implemented: December 20, 2006

Revised:

Boonville R-I School District, Boonville, Missouri