

BROWERVILLE PUBLIC SCHOOLS EMERGENCY and INFORMATION FORM

Type _____

Relation _____

NAME OF PARENT(S) / GUARDIAN(S): _____

ADDRESS: _____ HOME PHONE #: _____

WORK 1 #: _____ WORK 2 #: _____ CELL 1 #: _____

Email _____

CELL 2 # _____

LIST NEIGHBORS, FRIENDS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD(REN) IF YOU CANNOT BE REACHED:

Type _____ Relation _____

Type _____ Relationship _____

NAME: _____

NAME: _____

HOME PHONE #: _____

HOME PHONE #: _____

WORK PHONE # _____

WORK PHONE # _____

CELL PHONE # _____

CELL PHONE # _____

IN CASE OF AN ACCIDENT, OR SERIOUS ILLNESS, AND THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO SEEK MEDICAL ATTENTION FOR MY CHILD AS NEEDED.

****NOTE:** *The school will not assume the responsibility for taking students to medical facilities not located in Browerville.*

Occasionally a student asks for medication for headaches or pain. According to Minnesota State Law the school nurse cannot administer medication without your permission, so please consider the following permission request from our health office personnel. Our school also utilizes a licensed pest control service firm for the prevention and control of rodents, insects, and other pests in and around the building. Please make a note in the comment section if you need to be notified before the building is sprayed.

Please list all your children attending Browerville Public School:

Student Name(s)	Grade	Tylenol *Yes/No	Ibuprofen *Yes/No	Comments:
1.				
2.				
3.				
4.				
5.				
6.				

** A YES response gives the school nurse/assistant permission to give the student the recommended dosage of Tylenol or Ibuprofen according to his/her age or weight when necessary. Respond NO if you do not want your students to be administered Tylenol or Ibuprofen.*

**Please see back page to list all health related issues with your child(dren).*

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PERMISSION SLIP FOR LOCAL FIELD TRIPS:

The above listed child(ren) have my permission to go on all local field trips – both busing and walking. Individual permission slips will be sent home for field trips taken any distance out of town.

*** Parent/Guardian Signature:** _____ **Date:** _____

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2019-2020 EMERGENCY and INFORMATION FORM**

My child, _____ receives medication for _____, which is
prescribed by Dr. _____. He/she should be limited in the following activities: _____



Please list all food allergies in the space below:

Please list all Drug allergies in the space below:

*** Parent/Guardian Signature:** _____ **Date:** _____