SY 2013-2014

Grade_____

Room No._____

Student No._____

GUAM DEPARTMENT OF EDUCATION
MACHANANAO ELEMENTARY SCHOOL
STUDENT EMERGENCY INFORMATION

Student Name:_____ Last First Middle		
Gender: Male Female	**Date of Birth: / /**	**Ethnicity:**

Father/Guardian:_____	**Mother/Guardian:**_____
Home Address:_____	**Home Address:**_____
Home Phone:_____	**Home Phone:**_____
Employer/Dept:_____	**Employer/Dept:**_____
Work Phone:_____	**Work Phone:**_____
Other Contact:_____	**Other Contact:**_____

It is **REQUIRED** to provide an alternate contact name and number of an adult who can pick your child up from school if you can not be contacted. All adults will be required to show photo identification when picking up your child. Student will be released ONLY to those listed below.

Name	Relationship to Child	Home Phone	Work Phone	Cell/Pager No.

In the event of a food borne illness, GPSS/DPHSS is authorized to obtain stool/vomit samples from my child in the interest of public health**.** **[ ] Yes [ ] No**

I give permission for the ambulance to transport my child to **[ ] GMH [ ] Naval Hospital** in a medical emergency.

My child is able to participate in regular PE classes. **[ ] Yes [ ] No**

Parent's Signature:_____ **Date:**_____

(PLEASE TURN OVER AND COMPLETE THE BACK OF THIS FORM)

BASIC HEALTH DATA

(To be filled out by Parent/Guardian(s) to effectively meet the health needs of your child at school)

Yes	No	Complete checklist below regarding your child.	
		Rheumatic Fever	
		Diabetes	
		Heart Disease	
		Skin Problems [ ] Eczema [ ] Other	
		Seizures	Date of last seizure:
		Hearing Problem	Hearing Aid: [ ] Yes [ ] No
		Vision Problem	Glasses or Contact Lenses
		Asthma [ ] Inhaler [ ]Nebulizer	Date of last asthma attack:
		Allergy to: [ ] Food [ ] Drug [ ] Other Specify:	
		Allergy to: [ ]Bee Sting [ ] Insect bite	Type of reaction:
		Epipen [ ] Yes [ ] No	ER visit for reaction: [ ] Yes [ ] No
		Current Medications:	Reason:
		Other Serious Illness or Injury:	Please Specify:
		Other Physical or Mental Problems:	Please Specify:

PLEASE DRAW A MAP TO YOUR RESIDENCE:

List the names of all your children who are attending this school from oldest to youngest.

Child's Name	Grade	Room No.