

**Meridian CUSD #223**  
**Emergency Medical/Health Information Form**

This form will be used in case of a serious illness or accident. Please complete the form and return to your child's building. Thanks.

**Student's Name:** \_\_\_\_\_ **Student's Grade:** \_\_\_\_\_

**Parents/Guardian's Name:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Doctor Phone #:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_ **Medicaid # (if applicable):** \_\_\_\_\_

**Please list any Health/Medical conditions emergency personnel should be aware of below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you and the physician specified above cannot be reached in an emergency, and in the judgment of school authorities immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

An occasional acetaminophen may be taken by a student at school **ONLY** after direct telephone contact is made by authorized school personnel to the parent/guardian for verbal content.

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

*(This district will use the emergency contact information as shown under Student Information in Family Access.)*