

**Morris Elementary School      PK - GRADE 5**  
**Emergency and Health Information Form** (Complete **Front and Back Side**/Please use ink/print clearly)

**SCHOOL** \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

**Child's name:** \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ |

**Parent(s)/Guardian(s) Full Name(s)** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_ Home Phone \_\_\_\_\_

Town of Residence: \_\_\_\_\_ Birthplace \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Child Resides** 1. \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**With:** 2. \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Siblings attending other Lenox Public Schools:

Sibling's full name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Persons to Contact for emergency or illness**-will assume responsibility/transportation-list in order of preference including parent

1. \_\_\_\_\_ Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2. \_\_\_\_\_ Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3. \_\_\_\_\_ Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Non-custodial parent information (if applicable).**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**If there are individuals to whom the school SHOULD NOT DISMISS YOUR CHILD TO because there is a legal, updated court document on file with the school, PLEASE LIST BELOW:**

Name(s) \_\_\_\_\_

**COMPLETE STUDENT HEALTH INFORMATION ON BACK SIDE →**

**Current Health Information** (This Page to School Nurse's Office only)

**Physician:** \_\_\_\_\_ Phone # \_\_\_\_\_

Additional Physicians child sees: \_\_\_\_\_

**Dentist:** \_\_\_\_\_ Phone # \_\_\_\_\_

**Health Insurance:** YES \_\_\_\_\_ Private \_\_\_\_\_ Public \_\_\_\_\_ (Mass Health, CMSP)  
NO \_\_\_\_\_

Need confidential assistance obtaining health insurance for your child? YES \_\_\_\_\_ NO \_\_\_\_\_

**Child's Health Problems** (Heart Condition, Diabetes, Asthma, Seizure Disorder, Other):

\_\_\_\_\_  
\_\_\_\_\_

- Hearing Problems      Left ear \_\_\_\_\_      Right ear \_\_\_\_\_      Hearing Aids \_\_\_\_\_
- Vision Problems      Wears Eyeglasses \_\_\_\_\_      Wears Contact Lenses \_\_\_\_\_

**Child's Allergies** (food, insects, medication, environmental) & describe child's reactions:

\_\_\_\_\_  
\_\_\_\_\_

**Names of any Medications** taken regularly:

\_\_\_\_\_

Any additional health information the school health office should be aware of:

\_\_\_\_\_

I give permission for the school nurse to provide information relevant to my child's health condition to appropriate school personnel when necessary to meet my child's health and safety needs, and to exchange my child's information with medical authorities for the purpose of referral, diagnosis and treatment. I also give permission for ambulance transport to the hospital in the event that emergency treatment is determined necessary.

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

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**Medications in School**

**Grades PK-5** require a written Doctor's order along with written parent consent for *any* medication whether it is an Over The Counter (OTC) like Tylenol or a prescription if it is to be administered in school. Any medicines to be administered must be delivered to school in the original container. These forms may be obtained from the Health Office at school.