

**MOUNTAIN LAKES HIGH SCHOOL  
HEALTH OFFICE  
EMERGENCY REFERENCE CARD**

Grade \_\_\_\_\_ Parent Cell Phone # \_\_\_\_\_

Home Tel. No. \_\_\_\_\_

Student \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last Name First Name Middle Name

\*Resides with \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

\*Father's Name \_\_\_\_\_ Address \_\_\_\_\_

\*Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Father's Place of Business \_\_\_\_\_ Tel. No. \_\_\_\_\_

Mother's Place of Business \_\_\_\_\_ Tel. No. \_\_\_\_\_

Person to be called if Parent Unavailable:

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Physician's Name \_\_\_\_\_ Tel. No. \_\_\_\_\_ School  
Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

In the event of extreme emergency, if parent, guardian or emergency numbers listed cannot be reached, I give permission to the school authority to arrange proper medical care at \_\_\_\_\_ Hospital or any other necessary medical or dental facility.

\*Please explain guardian or non-custodial parent relationship: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

List operations, injuries, illness or vaccinations your child had this year. Please provide day, month, year:

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

Name and dosage of medication your child takes on a regular basis:

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

Allergy: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Allergy Medication: \_\_\_\_\_

Other Children \_\_\_\_\_ Age \_\_\_\_\_

In Family \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

The School Nurse, at her discretion, hereby has my permission to dispense the following medications to my child:

	YES	NO
Acetaminophen (Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen (Advil) (Motrin)	<input type="checkbox"/>	<input type="checkbox"/>
Antacid (Pepto Bismol) (Tums)	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent or Guardian

Date