



Winchester Public Schools Emergency Contact Information

Child's First Name		Child's Middle Name		Child's Last Name		<i>For School use only</i>	
Date of Birth		Gender		School		Grade	
Street Address			City		State	Zip code	Homeroom
Please indicate where parent/guardian can be reached during the day				Persons to contact if parent/guardian cannot be reached			
Parent/Guardian 1 to call		Parent/Guardian 2 to call		Contact 1		Contact 2	
Name:		Name:		Name:		Name:	
Relationship:		Relationship:		Relationship:		Relationship:	
Home phone:		Home phone:		Contact phone:		Contact phone:	
Work/Employer phone:		Work/Employer phone:					
Mobile phone#:		Mobile phone#:		Mobile phone#:		Mobile phone#:	
email:		email:		email:		email:	
Medical Information							
Does your child have Asthma ____ Allergies ____ other past medical history ____ If yes to above, please describe _____ School nurse may administer Acetaminophen (Tylenol) Yes ____ No ____ or Ibuprofen (Motrin) Yes ____ No ____ Elementary school nurses will administer above medications based on appropriate dosage per weight. For McCall Middle School and Winchester High School Only: Acetaminophen 325mg tabs (one_ or two_) or Ibuprofen 200mg tabs (one_ or two_)						Physician Name:	
Signature indicates parent/guardian consent: _____ Date: _____						Physician Phone:	
Does your child have Health Insurance? Yes ____ No ____ Health Insurance Provider: _____						Dentist Name:	
Does your child have Dental Insurance? Yes ____ No ____ Dental Insurance Provider: _____						Dentist Phone:	
I give permission to the school nurse to contact my child's physician Yes ____ No ____						Notes:	
EMERGENCY PERMISSION: In the event I cannot be reached in an emergency, I give permission to school authorities to provide emergency medical treatment in the case of injury or illness for my child as considered necessary. I accept responsibility for any expenses incurred in handling emergency care.							
Signature: _____				Date: _____			