

**Emergency Medical Information Form  
Deer Creek-Mackinaw CUSD #701**

<u>For Office Use Only:</u>	
Driver	_____
Bus #	_____

**This form is to be completed for all students!**

The purpose of this form is to give school staff and/or emergency medical technicians information about children who have special needs or medical conditions.

Student's Name (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

\_\_\_\_\_ **NO - My child does not have any medical condition or special need that emergency medical technicians should know.**

\_\_\_\_\_ **YES - My child does have a medical condition or special need that emergency medical technicians should know.**

Medications student is taking	Dosage	Time to Administer
1.		
2.		
3.		

If relevant, special circumstances under which medication should be given:

Student's special needs (medical or behavioral or allergies):

Expected communication challenges:

How should medical personnel respond to your child's special needs:

***Please initial below:***

\_\_\_\_\_ I authorize the School District, and its employees and agents, to take the action they believe is appropriate under the circumstances.

\_\_\_\_\_ I agree to indemnify and hold harmless the School District, and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of the emergency care of my child.

\_\_\_\_\_  
Parent(s)/Guardian(s) Printed Name      Parent(s)/Guardian(s) Signature      Date

*One copy of this form will be kept in the principal's office, and one copy will be kept on the student's school bus in a secure location for emergency medical technicians*

**Home Language Survey**

The state requires the district to collect a Home Language Survey for every student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

**Does anyone in your home speak a language other than English?**

No  Yes      What Language \_\_\_\_\_

**Does your son/daughter speak a language other than English?**

No  Yes      What language? \_\_\_\_\_

\_\_\_\_\_  
Student Name      9   10   11   12  
(circle year in school)

\_\_\_\_\_  
Parent Signature      Date