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

### 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*
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## 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? _____

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


_____          _____
Parent Signature                                     Date