

BOARD OF COOPERATIVE EDUCATIONAL SERVICES OF NASSAU COUNTY

Health and Allied Services

EMERGENCY INFORMATION AUTHORIZATION CARD

Student's name _____ Date of birth _____ Age _____ Sex _____
(last) (first)

Address _____ Phone _____

Home school district _____ Teacher _____

Father's name _____ Beeper/Cell Phone _____

Home address _____ Home Phone _____

Place of employment _____ Work Phone _____

Address _____

Mother's name _____ Beeper/Cell Phone _____

Home address _____ Home Phone _____

Place of employment _____ Work Phone _____

Address _____

If my child has to be taken home because of a minor illness and I cannot be reached, please call

(Name) (Address) (Relationship) (Phone)

(Name) (Address) (Relationship) (Phone)

In an emergency when you cannot reach either parent, I authorize the school to call

(Physician's name) (Address) (Phone)

(Dentist's name) (Address) (Phone)

HEALTH SURVEY

1. Has the student had any immunizations, including tetanus injection, since September 1 last year? _____
Please specify. _____

2. Has the student had any illnesses, serious injuries, operations, or other communicable diseases since September 1 last year? _____
Please specify with dates. _____

3. Are there any conditions such as heart disease, epilepsy, diabetes, liver or kidney disease, or other known handicaps of which the school should be aware in order to plan an appropriate program? _____
Please specify. _____

4. Does the student have any allergies? _____ Please specify. _____

5. Does the student take any medication on a regular basis (excluding vitamins)? _____
Please specify. _____

6. Date of last dental exam _____, ear exam _____, eye exam _____

Additional comments: _____

Date _____ Parent's signature _____