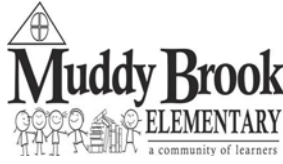


MUDDY BROOK REGIONAL ELEMENTARY SCHOOL
Berkshire Hills Regional School District
Great Barrington Stockbridge West Stockbridge



Emergency and Health Information Form (Complete **Front and Back Side**/Please use ink/print clearly)

SCHOOL: MUDDY BROOK ELEMENTARY School Year: _____ Grade: _____

Student's Name: _____ Date of Birth: _____ Age: _____

Parent(s)/Guardian(s) Full Name(s): _____

Residential Address: _____ **Home Phone:** _____

Town of Residence: _____ **Birthplace:** _____

Mailing Address: _____

Child Resides 1. _____ **Relationship:** _____ **Work #:** _____ **Cell #:** _____

With: 2. _____ **Relationship:** _____ **Work #:** _____ **Cell #:** _____

Siblings attending other Berkshire Hills Regional Schools:

Sibling's full name:	Grade:
_____	_____
_____	_____
_____	_____

E-mail address: _____

Persons to Contact for emergency or illness (will assume responsibility/transportation-list in order of preference including parent)

1. _____ **Relationship:** _____ **Home:** _____ **Work:** _____ **Cell:** _____

2. _____ **Relationship:** _____ **Home:** _____ **Work:** _____ **Cell:** _____

3. _____ **Relationship:** _____ **Home:** _____ **Work:** _____ **Cell:** _____

Non-custodial parent information (if applicable).

Name _____ **Relationship to Child** _____

Residential Address _____

Mailing Address _____

Home Phone # _____ **Work Phone #** _____ **Cell #** _____

If there are individuals to whom the school SHOULD NOT DISMISS YOUR CHILD TO because there is a legal, updated court document on file with the school, PLEASE LIST BELOW:

Name(s) _____

COMPLETE STUDENT HEALTH INFORMATION ON BACK SIDE →

Current Health Information (This Page to School Nurse's Office only)

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____

Physician: _____ **Phone #** _____

Additional Physicians child sees: _____

Dentist: _____ **Phone #** _____

Health Insurance: YES _____ NO

Private Public (Mass Health, CMSP)

Need confidential assistance obtaining health insurance for your child? YES NO

Child's Health Problems (Heart Condition, Diabetes, Asthma, Seizure Disorder, Other):

Hearing Problems Left ear Right ear Hearing Aids

Vision Problems Wears Eyeglasses Wears Contact Lenses

Child's Allergies (food, insects, medication, environmental) & describe child's reactions:

Names of any Medications taken regularly:

Any additional health information the school health office should be aware of:

I give permission for the school nurse to provide information relevant to my child's health condition to appropriate school personnel when necessary to meet my child's health and safety needs, and to exchange my child's information with medical authorities for the purpose of referral, diagnosis and treatment. I also give permission for ambulance transport to the hospital in the event that emergency treatment is determined necessary.

Parent/Guardian Signature _____ Date _____

Medications in School

Grades K – 6 require a written Doctor's order along with written parent consent for any medication whether it is an Over-the-Counter (OTC) like Tylenol or a prescription if it is to be administered in school. Any medicines to be administered must be delivered to school in the original container. These forms are available on the school's website for Muddy Brook and Monument Valley or may be obtained from the Health Office at each school.