

# Port Byron Health Update And Emergency Information

## School Year ' \_\_\_\_\_ ' \_\_\_\_\_

Student's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Grade \_\_\_\_\_ Teacher/Grade \_\_\_\_\_ DOB \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Student's Pediatrician \_\_\_\_\_ & Number \_\_\_\_\_  
 We would like non urgent messages Via Text \_\_\_\_\_ Or Email \_\_\_\_\_

**In Case of Illness or Emergency; Individuals to be Contacted If No Contact With Above**

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_  
 Name \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

List Siblings and Grades: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*In case I cannot be reached, I authorize Port Byron School District to render such treatment as may be necessary in an emergency for the health of my child. I give my permission to the school official in charge to obtain the services of the nearest ambulance, rescue service, family physician on record, or other physician if my own is not available, to provide immediate and necessary care.

\*THIS FORM WILL BE UTILIZED FOR THE CURRENT SCHOOL YEAR. The information will be shared with appropriate instructional staff, the transportation department, and nutritional services.

\*Port Byron Central School has my permission to contact my child's MD for any health related information.

Does Child Have:	YES	NO		YES	NO		YES	NO
Allergies	___	___	Ear/Hearing Issues	___	___	Seizure	___	___
Bee Allergy	___	___	Asthma	___	___	Diabetes	___	___
Attention Deficit (ADD, ADHD)	___	___	Glasses/Contacts	___	___	Headache/ Injury	___	___
Medication**	___	___	Heart Murmur	___	___	Skin Rash/Eczema	___	___
Stomach Issues	___	___	Cancer	___	___	Bladder/ Bowel Problems	___	___
Broken Bone	___	___	Chicken Pox	___	___	Surgery	___	___
			Mononucleosis	___	___			

If you answered yes to any of the above, please give details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*N.Y.S. Education Law requires school districts to have on file signed instructions for emergencies from the parents/ legal guardian.

\*\*Medication forms need to be filled out by parents and MD & renewed every school year.  
 If any of the above information changes, please notify the Health Office ASAP!