

EMERGENCY MEDICAL INFORMATION:

The medical information regarding allergies is vital to the safety of your child particularly in cases of severe reactions.

My child (check one): _____ IS allergic to:

(check any applicable) _____ bee or bug stings _____ medication _____ foods

Describe or explain _____

My child (check one): _____ DOES _____ DOES NOT need medication to be administered in school.

Describe or explain _____

If medication is necessary during school hours, forms must be on file in the office. Contact Tr. Linda.

ACCORDING TO STATE LAW: MEDICATIONS CANNOT BE ADMINISTERED AT SCHOOL UNLESS THE REQUIRED FORMS ARE ON FILE. FORMS CAN BE DOWNLOADED FROM THE LANSDOWNE FRIENDS SCHOOL WEBSITE (FAMILIES/FORMS).

PHYSICIAN AND INSURANCE INFORMATION

Name of Student's Doctor _____ Telephone # _____

Office Location / Address _____

Insurance _____

CARRIER

ID NUMBER

GROUP#

Students are covered for accidents through student accident insurance by Uninvest.

Please list any food that your child may not eat due to any non-allergy related restriction (example: religion, vegan): _____