

Hull Public Schools
 New Student — Emergency Contact/Medical Information

| Please complete both sides of this form and submit it with your registration form. | |
|---|----------------|
| Student Name | |
| Grade | |
| Homeroom Teacher | |
| Bus | |
| Address/Contact Information | |
| Physical Address | |
| Mailing Address | |
| Priority Phone | |
| Primary Language | |
| Parent/Guardian 1 (Primary Contact) | |
| Name | |
| Relation to Student | |
| Address | |
| Home Phone | |
| Cell Phone | |
| Work Phone | |
| Email | |
| Lives with student? | Yes ___ No ___ |
| Parent/Guardian 2 | |
| Name | |
| Relation to Student | |
| Address | |
| Home Phone | |
| Cell Phone | |
| Work Phone | |
| Email | |
| Lives with Student? | Yes ___ No ___ |

Please complete both sides of this form.

EMERGENCY CONTACTS: Should an emergency occur (e.g., sickness, transportation, school closing) and a parent/guardian cannot be reached, we will notify a responsible adult, relative, friend or neighbor. Valid identification may be requested.

Emergency Contact 1

| | |
|---------------------|--|
| Name | |
| Relation to Student | |
| Primary Phone | |
| Secondary Phone | |
| Work Phone | |

Emergency Contact 2

| | |
|---------------------|--|
| Name | |
| Relation to Student | |
| Primary Phone | |
| Secondary Phone | |
| Work Phone | |

Please complete the sections below:

| | |
|----------------------|--|
| Type of Insurance | |
| Insurance Company | |
| Policy Number | |
| Doctor Name | |
| Doctor Phone/Address | |
| Dentist | |

| | | | |
|-----------------------|----------------|----------|--|
| Is Student on an IEP? | Yes ___ No ___ | Hospital | |
|-----------------------|----------------|----------|--|

| | | | | | |
|---------------------------|----------------|----------|----------------|------------|----------------|
| Is Student on Medication? | Yes ___ No ___ | At Home? | Yes ___ No ___ | At School? | Yes ___ No ___ |
|---------------------------|----------------|----------|----------------|------------|----------------|

| | |
|--|----------------|
| Does Student have allergies/other health concerns? | Yes ___ No ___ |
|--|----------------|

Hull Public Schools has Standing Orders from our School Physician Consultant, Dr. Martin Iser, for limited over-the-counter medications. I give permission for my child to be given the following medications per standing order guidelines. (Check all that apply)

| | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Chloraseptic Throat Spray | <input type="checkbox"/> Robitussin |
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Ibuprofen/Motrin | <input type="checkbox"/> ChlorTrimetron (for Allergies) | <input type="checkbox"/> Claritin |
| <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Midol | <input type="checkbox"/> Sudafed PE |
| | | <input type="checkbox"/> DayQuil |

| | |
|-----------------------|---|
| Custody Restrictions? | Yes ___ No ___ <i>If yes, legal documentation must be on file in the school office.</i> |
|-----------------------|---|

Safe to School Program: Please call the school before 9:00 a.m. on the day your child will not be in school. If we do not receive a call, we will try to reach a parent or guardian at the Priority Phone Number listed on the reverse side of this form.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, the school may make whatever arrangements that seem necessary.

Parent/Guardian Signature: _____ **Date:** _____