



PHOENIX ACADEMY

1110 N 66TH ST - OMAHA, NE 68132 - TEL: 402/390-0556 - FAX: 402/614-1716

EMERGENCY CONTACT AND MEDICAL INFORMATION

Student Name: _____ Age: _____

Parent Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Tel: _____

MEDICAL INFORMATION

Allergies: _____

Medications taken regularly: _____

Special Needs/Dangerous Allergies : _____

Medicines needed at school for emergencies (Asthma, Epi-pen) etc. _____

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME:

_____ - _____

IF THE SCHOOL IS UNABLE TO REACH ME IN AN EMERGENCY, PLEASE CALL:

_____ - _____

_____ - _____

_____ - _____

Child's Physician _____ - _____

THE FOLLOWING MEDICATION MAY BE GIVEN IN SOME INSTANCES IF NEEDED

- | | | | | | |
|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|----------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | TYLENOL | <input type="checkbox"/> yes | <input type="checkbox"/> no | COUGHDROPS |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | IBUPROFEN | <input type="checkbox"/> yes | <input type="checkbox"/> no | OTHER _____ |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | COUGHDROPS | <input type="checkbox"/> | | NO MEDICATIONS |

Parent's Signature: _____ Date: _____