

Emergency Verification Form

Penn Manor School District

PO Box 1001 • Millersville PA 17551
717.872.9500 • www.pennmanor.net

To help maintain accurate district records and provide required data to the PA Department of Education, please verify and update the demographic information printed below. For your child's safety, please also update the emergency contacts and health information located on the back side of this form.

-- Return this completed form with any corrections and your signature by September 8th! --

Student Name (Last, First)	Grade	Gender	Birthdate	Home Phone	Student ID#	Ethnicity
Home Address	Address Line 2	City	State	Zip	Township	

Parent/Guardian Information

*Note: To prevent duplicate mailings, *only one* Receives Mailings contact should be checked per household.

Parent/Guardian Contact 1	Address	Address 2	City	State	Zip	Living w/ Child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relation to Child	City	State	Zip	Home Phone	Cell Phone	OK to Release to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email Address	Receives Mailings?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Work Phone	Employer			

Parent/Guardian Contact 1	Address	Address 2	City	State	Zip	Living w/ Child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relation to Child	City	State	Zip	Home Phone	Cell Phone	OK to Release to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email Address	Receives Mailings?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Work Phone	Employer			

Parent/Guardian Contact 1	Address	Address 2	City	State	Zip	Living w/ Child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relation to Child	City	State	Zip	Home Phone	Cell Phone	OK to Release to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email Address	Receives Mailings?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Work Phone	Employer			

Emergency Contacts (Individuals who would assume temporary care of your child if the school cannot reach you.)

First & Last Name	Phone Number 1: Type	Phone Number 1: Type	Relationship/Comments

Information Continues on Back 

Emergency Provider Information

Doctor		Phone	
Hospital Preference		Phone	
Dentist		Phone	
Eye Doctor		Phone	

Health Information

Please answer the following questions. If additional information is required, attach a separate sheet.

- Is your child allergic to any foods? No__ Yes__ If yes, list food and reaction that child has to that food and treatment that should be given at school: _____
- Is your child allergic to any medicines? No__ Yes____
Medicine allergic to: _____ Reaction: _____
- Is your child allergic to bees or other flying insects? No__ Yes__ If yes, explain the reaction that the child had, and treatment that should be given at school: _____
- Is your child allergic to animals? No__ Yes__ If yes, explain the animal and reaction that the child had and treatment that should be given at school: _____
- Does your child have any health conditions or special health needs or restrictions of activity? No__ Yes____
Explain: _____
- Does your child take any medications on a regular basis *besides* vitamins or fluoride? No__ Yes__ Please list name(s) of medications: _____
- If your child needs medication while in school, please consult the school nurse regarding Penn Manor's District Medication Policy.
- Has your child ever had a seizure? No__ Yes__ Explain: _____
- Does your child have asthma? No__ Yes__ If yes, does your child currently use an inhaler for control of asthma symptoms?

- Has your child had any serious illnesses or injuries since last year?
No__ Yes____ Explain _____
- Has your child received any immunizations **since last school year**?
No__ Yes__ Please list immunization and dates: _____

It is vitally important that you contact the school nurse on a **yearly basis** to communicate any special medical needs that your child has. **If you have answered "yes" to concerns of asthma or severe allergic reactions, please obtain medical permission for treatment forms from your school nurse.**

Health Notes: If your child requires **medication in school**, please refer to the Penn Manor's District Medication Policy. More information and forms may be found at <http://blogs.pennmanor.net/nurse/>.

The nurse may contact my child's physician for information regarding physical examinations and immunizations as required by school law and medications that are to be given during the school day.

The school nurse may share information relevant to my child's health conditions with appropriate school personnel and child's physician when needed to meet health and safety needs.

Signature of Parent/Guardian



Date



Any changes to this information must be reported to the school office within 5 days.