



ST. PIUS X REGIONAL SCHOOL

14710 Annapolis Road
Bowie, MD 20715-1813

Phone 301-262-0203 Fax 301-805-8075



2019 SUMMER CAMP EMERGENCY INFO FORM

STUDENT INFORMATION:

ESP Classroom _____

Full Name _____ DOB _____ Grade ____ A B C

Home Address _____

City/State/Zip _____

Home Phone _____ Home Email _____

PHYSICIAN _____ Phone _____

DENTIST _____ Phone _____

ORTHODONTIST _____ Phone _____

Student Height _____ Weight _____ Hair/eye color _____

CONTACT INFORMATION *PLEASE number CONTACTS in ORDER you want them called within the "()"*

MOTHER _____ () Cell Phone _____

() Work Phone _____ () Other _____

() Email(s) _____

FATHER _____ () Cell Phone _____

() Work Phone _____ () Other _____

() Email(s) _____

STUDENT LIVES WITH Both Parents Mother Father Guardian/Other (explain) _____

ARE BOTH PARENTS AUTHORIZED to pick up STUDENT? Yes No (explain) _____

SIBLINGS also currently attending ST PIUS X REGIONAL SCHOOL:

1) Name _____ Grade/Class _____ 3) Name _____ Grade/Class _____

2) Name _____ Grade/Class _____ 4) Name _____ Grade/Class _____

(continued on other side)

SECONDARY EMERGENCY CONTACTS (Student may also be released to):

1) Name: _____ Relationship: _____

Home Phone: _____ cell: _____ Other: _____

2) Name: _____ Relationship: _____

Home Phone: _____ cell: _____ Other: _____

➤ **Student has the following HEALTH CONDITIONS and/or CONCERNS** (for Health Room use only):

WEARS GLASSES? YES NO CONTACTS? YES NO SPEECH ISSUES? YES NO (specify) _____

HEARING AIDs / ORTHOTICS / BRACEs / CANEs / Other ASSISTANCE DEVICES ? Yes No (specify) _____

ADD or ADHD? Specify Medication & dosage: _____ SAP / PLAN on file at School? YES NO

ACTIVE SEIZURE DISORDER? ***Requires a completed Parent Worksheet AND Seizure Action Plan to be on file at school***

ALLERGIES? FOODS (specify) _____

LACTOSE INTOLERANCE Will student need to take Lactase tablets at School? Yes No _____

INSECT BITES / STINGS (specify) _____

POLLEN / SEASONAL HAYFEVER (specify) _____

ANIMAL DANDER (specify) _____

MEDICATION (specify) _____

LATEX ALLERGY _____

EpiPen Rx? YES NO *For EpiPen at School, submit completed Allergy Action Plan AND EpiPen Authorization Form*

ASTHMA? Controlled with NEBS INHALER ORAL MEDICATION: _____

For Medication at School, submit completed Allergy Action Plan AND Inhaler/nebs or Medication Authorization Forms

BLOOD or CIRCULATORY Disorder? Specify any Medication & Care instructions: _____

DIABETES? Type I Type II Hypoglycemia *** Requires a completed Diabetes Action Plan to be on file at school***

HIGH / LOW BLOOD PRESSURE? Specify any Medication & Care instructions: _____

HEART CONDITION ? Specify any Medication, devices & Care instructions: _____

STOMACH / GI ISSUES? Specify any Medication & Care instructions: _____

OTHER CONDITIONS, HEALTH ISSUES, MEDICATIONS and/or ADDITIONAL INFO: _____

➤ **Will Student require any Prescription and/or Over-the-Counter medication(s) at school?** YES NO

If YES, you MUST submit NEW completed Medication Authorization Form(s), the properly labeled medicine(s) and any supplies to the Health Room each School Year (Forms available in the Health Room and on school website: www.stpiusbowie.org)

Is Student's participation in School Programs or Activities limited or restricted? YES NO

(if Yes, explain) _____

Pertinent Information may be shared with School Faculty/Staff? YES NO (explain) _____

PLEASE NOTE: In event of serious injury or illness, your child will be taken via Ambulance to nearest appropriate Emergency Treatment Facility. Parents will be notified as soon as possible and will be responsible for all charges incurred. All School Health questions & documentation should be directed to School RN by Phone, Fax (see other side) or email: jmoling@stpiusbowie.org

† Refer to St. Pius X School PARENT-STUDENT HANDBOOK for Complete School Info & Policies †

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

RevJun2014jhm