



The Samuel School

EMERGENCY MEDICAL INFORMATION

Student Name _____

Student age _____ Student Birthdate _____

Allergies or Medications* _____

Medical conditions that we should know about _____

Dietary Restrictions _____

Parent/Guardian Name(s) _____

Home Phone Number _____ Work Phone Number _____

In case of emergency, other than parent, phone number _____

Physician's phone number _____

***Our staff is not permitted to dispense medication unless the Request for Over the Counter Medication Administration form or the Physician Statement of Need for Administration of Prescription Medication form has been submitted.**