

EMERGENCY MEDICAL INFORMATION
PLEASE COMPLETE ONE FOR EACH STUDENT

In order to ensure the highest level of safety for all students attending Genoa-Kingston Schools, it is necessary to complete/update the following form each year. The information you provide is vital in the event of a medical emergency. Please take the time to complete the following form, one for each child in your family and return it with all other registration materials. For each student fill in their name, grade, circle the building they attend. If they have any medical problems, list them in the space provided with any needed instructions. Some examples may be, but are not limited to: asthma, chronic diseases, allergies (NOT sensitivities), and daily medications.

**THIS IS USED IN EMERGENCY SITUATIONS AND
MUST BE FILLED OUT ANNUALLY**

If your child has no medical concerns, simply fill out their name, grade and circle the building they attend, and draw a line through the lower portion or write "none".

Student
Name: _____

Grade: _____

Davenport Elementary

Kingston Elementary

Genoa Elementary

Genoa-Kingston Middle School

Genoa-Kingston High School

Allergies: _____

Medications: _____

Medical
Problems: _____

This information is used by the School Nurse to develop a Confidential Health Concerns list and update your child's health file. If your child has a specific diagnosis for which they are medicated, and you feel the teacher should be notified, it is your decision and responsibility to do so. Even if your child's health record already contains this information, please take the time to fill out this form to ensure accuracy of the list, as it is impossible to review all students' records to compose the list prior to the first day of school. Your help is greatly appreciated.

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