

BUTLER MIDDLE SCHOOL
STUDENT EMERGENCY FORM

Student Name: _____

(LAST)

(FIRST)

Address: _____

Bus# to school _____ Bus # home _____ Walker _____

PRIMARY CONTACT INFO: Parent/ Guardian

NAME: _____

PHONE #: _____ WORK #: _____

Incase of illness, accident, or emergency, and primary contact parent/guardian can not be reached, the Butler is authorized to contact the following to pick up or assist with child.

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

Incase of emergency, does the school have permission to take your child to the hospital? _____

Physician's Name: _____ Phone#: _____

Insurance Company: _____

Medical conditions / Allergies etc.: _____

Do we have your permission to video/photograph/interview your child during special events? _____

Signature of Parent/Guardian _____

Medical Emergency Form

Student: _____ Date of Birth: _____ Grade: _____ HR _____

Address _____ Home Phone # (978) _____

Parent/Guardian _____ Home Phone# (978) _____

Mother's work # _____ Mother's Cell Phone# _____

Father's work # _____ Father's Cell Phone# _____

Student's Physician _____ Telephone # _____

List 3 local adults (other than parent/guardian) who will assume immediate care of your child or pick up your child at school in the event of illness or emergency:

Name: _____ Tel: _____

Name: _____ Tel: _____

Name: _____ Tel: _____

Circle **all** current or active health conditions that apply to your child:

ADD ADHD Anxiety Asthma Autism/PDD Cerebral Palsy Depression Diabetes Heart Condition

Lactose Intolerance Migraines OTHER (please list)

Vision Problems (specify) glasses _____ contacts _____ preferential seating _____

Hearing Problems (specify) Left _____ Right _____ Hearing aids: Left _____ Right _____ Preferential seating _____

Allergies (please list)

Is your child prescribed an **Epi pen** for treatment of the allergy listed above? Yes No

List medication and dosage taken by your child on a regular basis or as needed:

Does your child have health insurance? Yes No MassHealth? Yes No

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel as needed to meet my child's health and safety needs. Yes No

In case of emergency, your child will be transported to the hospital by EMS.

I hereby authorize the school nurse to contact my child's physician if necessary.

Signature of Parent/Guardian _____ Date: _____

BUTLER MIDDLE SCHOOL

STUDENT PERMISSION SLIP TO BRING A CELL PHONE TO SCHOOL

Student Name: _____
(last) (first)

Homeroom# _____

I am requesting that my child be allowed to bring a cell phone to school. I agree to the following.

~ Student WILL turn in the phone to his/her homeroom teacher upon entering school.

~ Student WILL be responsible for picking up the phone at the end of the day

~ School will keep phones in a secure and locked area, however the school is NOT responsible for the loss or damage of phones due to circumstances beyond the school's control

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____