

**Blackstone Valley Regional Vocational Technical High School  
NURSE EMERGENCY INFORMATION FORM**

**STUDENT INFORMATION**

ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Shop: \_\_\_\_\_ Birthdate: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

*If parent cannot be reached in an emergency, name of responsible adults to call who may pick up child:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Student Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

***I give permission to have the school nurse, or school personnel designated by the nurse, to administer the following:***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil)       | <input type="checkbox"/> Bacitracin Ointment |
| <input type="checkbox"/> Antacid (Tums)          | <input type="checkbox"/> Hydrocortisone Cream 1% |  |

**\*If your child cannot swallow pills, please provide the Nurse's office with liquid Tylenol and/or Ibuprofen\***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

