

LIBBY PUBLIC SCHOOLS
EMERGENCY RELEASE / HEALTH FORM

Child's Name _____ School _____ Grade _____
 Mother's Name _____ Phone _____
 Father's Name _____ Phone _____
 Emergency Contact _____ Phone _____
 Last Physical: Date _____ Dr _____ Last Dental: Date _____ Dr _____

DOES YOUR CHILD HAVE?

Allergies No Yes Specify _____
 Anorexia/Bulimia No Yes Specify _____
 Asthma No Yes Mild/Moderate/Severe – Specify _____
 Blood Disorder No Yes Specify _____
 Cancer No Yes Specify _____
 Depression No Yes Specify _____
 Diabetes No Yes Takes Insulin – No Yes
 Ear Infections No Yes Date of last ear infection _____
 Epilepsy No Yes Date of last seizure _____ Type _____
 Heart Condition No Yes Specify _____
 Insect/Bee Sting Allergy No Yes Local Reaction Generalized Reaction
 Kidney Disease No Yes Specify _____
 Migraines No Yes Specify _____
 Orthopedic Problem No Yes Specify _____
 Ulcers No Yes Specify _____
 Other Specify _____

HAS YOUR CHILD HAD?

Serious Illness No Yes Specify Type & Date _____
 Serious Injury No Yes Specify Type & Date _____
 Surgery (Operation) No Yes Specify Type & Date _____

DOES YOUR CHILD HAVE?

DOES YOUR CHILD?

Trouble Seeing Close Work No Yes Wear Glasses No Yes
 Trouble Seeing at Distance No Yes Wear Contacts No Yes
 Trouble Hearing No Yes Wear Hearing Aides No Yes

Does your child have a condition which prevents participation in regular P.E. (running, push-ups, etc.)? No Yes

Does he or she take daily medication? No Yes Specify _____

Will your child need medication during school hours? No Yes Specify _____

Does your child have any medical or physical restrictions? No Yes Specify _____

Libby School District #4 requires Doctor & Parent permission for taking medication at school. Please obtain this form from school.

I understand that in the event of an emergency, every effort will be made to contact me, the parent or guardian. In the event that I cannot be contacted, my child may be transported to the closest emergency room by ambulance or an official of the Libby Public School District #4, as deemed necessary by their judgment for the above named student.

I will not hold the school district financially responsible for the emergency care and/or the transportation of said student. This also applies while the student is on a field or athletic trip. Any duplicates made of this form shall have the same force as the original. This consent shall be valid unless and until revoked in writing by the undersigned.

I have read and understand this notice and hereby give permission for Libby Public Schools to obtain emergency care for my child.

 Parent or Legal Guardian Signature

 Date