

Warren County Technical School
Emergency Permission Card

Student's Name (please print) _____ Date _____

_____ Last

_____ First

_____ Middle

Home Address _____

Date of Birth _____ Home phone number _____

Grade _____ Career Major _____ E-mail address _____

Father's Name _____ Work# _____ Cell# _____

Mother's Name _____ Work# _____ Cell# _____

Please check if you are currently receiving free or reduced lunch: Free _____ Reduced _____

Health Insurance Coverage: Yes _____ No _____

Student's Name _____

NOTIFY IN CASE OF ILLNESS (OTHER THAN PARENTS)

Name _____ Phone # _____

Relationship _____

Name _____ Phone # _____

Relationship _____

I hereby give permission to the school nurse to use her professional judgment in acting in what she considers to be the best interest of my child in treatment of a sting by a bee or wasp while at school.

I hereby give permission for school authorities to call a doctor or send child to a hospital in case of an emergency if I cannot be reached immediately by telephone. Please note any special health conditions such as an allergy to any medication (aspirin, antibiotics, tetanus, adhesive); sensitivity to insect bites, convulsions, delayed blood clotting time, etc.

I hereby give permission to the School Nurse to give my child a non-aspirin pain reliever if needed.

Signature of Parent/Guardian _____

Special Health Concerns: