



**THE BOLLES UPPER SCHOOL
EMERGENCY MEDICAL INFORMATION FORM**

Due August 1, 2009

**STUDENTS MAY NOT ATTEND SCHOOL WITHOUT THIS FORM ON FILE
This form must be filled out each year. Last year's form is not valid.**

STUDENT'S NAME _____ GRADE _____

LAST FIRST MIDDLE

Preferred Name _____ Student Number _____

Birth Date ____/____/____ Social Security Number ____/____/____ Male Female

Address _____

STREET CITY STATE ZIP

CONTACT PHONE NUMBERS: Please place an asterisk next to the first phone number we should call.

Father's Name _____

WorkPh: _____ HomePh: _____ CellPh: _____ Beeper: _____

Mother's Name _____

WorkPh: _____ HomePh: _____ CellPh: _____ Beeper: _____

Legal Guardian: (Student lives with) _____

EMERGENCY CONTACT NUMBERS (to be used only if parents cannot be reached)

1. Name _____ Relationship _____

WorkPh: _____ HomePh: _____

2. Name _____ Relationship _____

WorkPh: _____ HomePh: _____

Names and Grades of siblings at The Bolles School

MEDICATIONS WHICH MAY BE ADMINISTERED BY THE SCHOOL. PLEASE CHECK THE MEDICATIONS PERMITTED.

NO MEDICATIONS WILL BE GIVEN UNLESS INDICATED ON THIS FORM BY PARENTS.

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Robitussin |
| <input type="checkbox"/> Antacid (Mylanta, Tums, Gaviscon) | <input type="checkbox"/> Hydrocortizone Cream |
| <input type="checkbox"/> Benadryl (oral) | <input type="checkbox"/> Aleve |
| <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Pepto Bismol |
| <input type="checkbox"/> Neosporin ointment | <input type="checkbox"/> Imodium |
| <input type="checkbox"/> Decongestant (Sudafed or Suphedrine PE) | <input type="checkbox"/> Claritin or Zyrtec |

