



# ISD #118 Northland Community Schools

316 Main Street East  
Remer, MN 56672  
[www.isd118.k12.mn.us](http://www.isd118.k12.mn.us)

## EMERGENCY INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employed At: \_\_\_\_\_ Work#: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employed At: \_\_\_\_\_ Work#: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Home#: \_\_\_\_\_

\_\_\_\_\_ Fire#: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Township: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Contact List

Person(s) authorized to care for student when parent/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

We would appreciate knowing if your child has any medical or physical conditions of which we should be aware of. For example: *allergies, heart murmur, diabetes, migraines, epilepsy, asthma, etc.* Please list all such conditions: \_\_\_\_\_

\_\_\_\_\_

Allergic to: \_\_\_\_\_

Can attend physical education classes: \_\_\_ without any restrictions  
\_\_\_ with some restrictions (please specify): \_\_\_\_\_

\_\_\_ Under no conditions can student participate. It is required a doctor's note be provided to the school.

The following procedures need to be followed if the condition is aggravated: \_\_\_\_\_

In case of an emergency and a parent/guardian/designated person cannot be reached, your child will be transported to the nearest medical facility at the discretion of the emergency responders.

Please transport to \_\_\_\_\_

List all medications your child is taking on a regular basis whether at home or at school. We need to have a copy of the possible side effects paper which comes from your doctor or pharmacy, the exact dosage and the times your child takes the meds. The more detailed you provide, the better we can administer to your child in case of an emergency.

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Given: \_\_\_\_\_

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Please list any other information you feel is important for the School District to know about your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Guidelines

Please read the following guidelines to be sure you are providing us with the necessary documentation for the safety of your child and you are following these steps.

### A. Prescription Medication

- You must provide the school with a written authorization (Administrating Prescription Medications Form) completed by a licensed physician when requesting medication be administered during the school hours. The office has this form.
- A new Administrating Prescription Medications Form needs to be filled out annually by a licensed physician or when a change in the prescription or requirements for administration occurs.
- Prescription medication must come to school **by the parent** in the **original container appropriately labeled for the student by the pharmacy** and left with the appropriate school personnel. Medications must not be transported on the bus. (Exception – inhalers. Need Letter for Self-Administering Inhalers form completed by a parent. This form is available in the school office.)

### B. Non Prescription Medications

- Non prescription medications must come in the original container.
- Parents must submit a written authorization which includes directions for administering and an ending date of administration. This includes aspirin and Tylenol.

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

Date: \_\_\_\_\_