

**2024-2025 STUDENT EMERGENCY/HEALTH INFORMATION FORM**  
**Langston Charter Middle School**

**Student Emergency Information**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Primary phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Primary phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Emergency Contacts: Please list two contacts that will be called **ONLY** if you cannot be reached in an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Student Health Information**

Please indicate any health conditions that require treatments, procedures, medications, or health monitoring for your student during the school day.

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Please list any allergies your student has, including medications: \_\_\_\_\_

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Does your student need to take any medications during the school day?  Yes  No

If so, please bring medication to the health room and complete a **PERMISSION TO ADMINISTER MEDICATION** form.

Does your student have permission from their physician to carry their Epi-Pen or inhaler with them?  Yes  No

Please specify and complete **AUTHORIZATION FOR SELF-ADMINISTERED MEDICATION** form to the health room.

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The following medications are stocked in our health room and will be administered by our school nurse, if needed. Please check which of the following medications you give permission for your student to receive.

Tylenol  Advil  Benadryl  Cough drops  Pepto Bismol  Hydrocortisone cream