

2025-2026 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.

Please list any allergies your student has, including medications: _____

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.

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