

Mid-Valley Special Education Cooperative

1304 Ronzheimer Avenue Saint Charles Illinois 60174 (331) 228-4873 Fax: (331) 228-4874

Serving the children and families of the Batavia, Central, Geneva, Kaneland & St. Charles Community School Districts

ESY Emergency and Health Information

Please provide the following information each year ESY.

Student's Last Name _____ First Name _____ Address/City/Zip Code _____ Home Telephone _____

Grade _____ Date of Birth _____ Date Entered Program _____ | Male _____ Female _____

With whom does child live? Parents _____ Mother _____ Father _____ Guardian _____

Parent/ Guardian Name _____ Mother _____ Stepmother _____ Guardian _____
Employer _____ Work Phone _____ Cell Phone _____
Email Address _____

Parent/ Guardian Name _____ Father _____ Stepfather _____ Guardian _____
Employer _____ Work Phone _____ Cell Phone _____
Email Address _____

Local emergency contact if parent or guardian is not available:

Name _____ Relationship _____ Phone _____ Cell Phone _____

Name _____ Relationship _____ Phone _____ Cell Phone _____

Please check any of the following your child uses:

Glasses _____ Contact Lenses _____ Hearing Aides _____ Dental Apparatus _____
Other _____

****I authorize this school to seek the necessary emergency care and treatment for my child whenever those individuals designated are not available.**

Yes No

Signature of Parent or Guardian _____ Date _____

*****PLEASE COMPLETE NEXT PAGE*****

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Does your child have a formal Health Care Plan? Yes No
(If yes, please attach a copy of the current plan, if available.)

Yes No Allergies: _____

Yes No Medications: (List all medications, dosage and time(s) taken) *

1. _____
2. _____
3. _____
4. _____

Current Health Issues – if answering Yes to any of the following illnesses, please describe history and present status.

Asthma Yes No Explanation: _____

Diabetes Yes No Explanation: _____

Seizures Yes No Explanation: _____

1. Monitoring Physician: _____ Phone: _____

* If your child is to take medication during ESY, please complete a Medication Authorization Form and supply the original medication bottle to school staff.