



# PRAIRIE HILL Learning Center

17705 S. 12th, Roca, NE 68430 • (402) 438-6668 • A nonprofit educational corporation

## Medical & Emergency Contact

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I, \_\_\_\_\_ (*parent/guardian name*), give PRAIRIE HILL Learning Center staff permission to administer and/or use the following as needed while at PRAIRIE HILL Learning Center.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Sunscreen  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Insect Repellent (Deet Free)  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ 1% Hydrocortisone Cream (anti-itch cream)  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Antibiotic Ointment (ex. Neosporin)  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Calamine Lotion  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ Burn Relief gel

Please list any chronic medical conditions, allergies or medications that could be important in case of sudden illness or injury. Include instructions/information on how to proceed.

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

Please list any on-going medications: \_\_\_\_\_

\_\_\_\_\_

Please list any food allergies or special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Physician Name & Contact Information: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Emergency Contacts (Please list in order of calling preference):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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