HASD EMERGENCY INFORMATION RECORD

2026-2027 School Year
Please print clearly and notify school office if any information changes.

Student's Name: _____ Birthdate: _____

Homeroom/Grade: _____

Student Address: _____ Transportation: AM _____ PM _____

Phone Number: _____

Student lives with : Both parents ☐ Mother ☐ Father ☐ Other/Name ☐ _____

Mother's Name: _____

Phone (Home/Cell): _____

Place of Employment/Phone: _____

Mother's Email: _____

Spouse's Name: _____

Address: _____

Father's Name: _____

Phone (Home/Cell): _____

Place of Employment/Phone: _____

Father's Email: _____

Spouse's Name: _____

Address: _____

List other siblings in the district

Name	Grade

List adults to call in the event of an emergency that are able to pick up student if needed when a parent/guardian is not available.

Name	Phone Number	Relationship to student
1.		
2.		
3.		

***** PLEASE COMPLETE ALL INFORMATION, FRONT & BACK OF THE FORM*****

MEDICAL INFORMATION

Name & Phone # of family doctor: _____

Name & Phone # of family dentist: _____

HEALTH NEEDS

List any health conditions, allergies or medical concerns the school should be aware of:

_____

_____

_____

_____

_____

Has your child had any serious illness, accidents, broken bones, or surgeries in the past year? ☐ Yes ☐ No

If so, please list:

_____

STUDENT MEDICATIONS

List any medications taken by the student.
*If yes, a doctor's order is required. If more room is needed, attach a separate page.

Medication	Dose	Frequency	Does this medication need to be taken in school? Y/N

FIRST AID/STANDING ORDERS

The following list of non-prescription medicines and first aid materials may be given to your child for minor complaints and or/ailments while in school. The administration of these items is intended for FIRST AID ONLY. Your child will be treated with the standing orders provided by the school district unless a doctor's order for other treatment is provided. This form will be a part of your child's school health record and will be sent out annually in August for updates/approval. As a parent/guardian of the child, I release Huntingdon Area School District and it's employees or agents from any liability for any injuries my child may suffer as a result of this request. Please check the items the school nurse or designated school official has permission to dispense to your child.

- ☐ Analgesic (ibuprofen/acetaminophen for fever/pain)
- ☐ Antacid (upset stomach, heartburn, indigestion)
- ☐ Allergy Lotion (Poison ivy, hives, rash)
- ☐ Cough Drops (Sore throats and stuffy noses
- ☐ Sting-Kill Swab (Bee stings/Insect Bites)
- ☐ Wound Cleanser (Minor cuts/abrasions)
- ☐ Antibiotic Ointment (minor cuts/abrasions)
- ☐ Lip Balm (Chapped Lips)

Signature of parent/guardian:_____ Date: _____

For your child's safety, please notify the school if any of this information changes during the school year.