

**The Diener School ~ Student Medical & Emergency Information Form ~
2020-2021**

STUDENT NAME: _____ BIRTHDATE: _____

BigSis: All contact info. (address, phone, email, etc.) should be entered into Diener’s database management system, BigSis. **Please log in/create account and make sure all info. is up to date. Please add/edit all people who are authorized to pick up your child on a daily basis (name and phone number) by:**

- **Log into BigSis**
- **Click on Children**
- **Click on Child’s Name**

If you are a returning family, please review all people listed and edit as necessary. To add anyone to the list, please continue to the next step(s).

- **Click on Other Contacts**
- **Click New (Green Button)**
- **Enter Name and Phone Number of Person**
- **Check if they are Emergency Contact and/or Authorized for Pick Up**
- **Click Save and Back (Green Button)**

Repeat as many times as necessary to enter all individuals who are emergency contact(s) and/or authorized to pick up your child from school on a daily basis.

EMERGENCY ALERTS: The Diener School uses Remind.com for emergency alerts when email is not accessible. Remind.com will contact you via email and/or text. Diener will input all email information. **If you would like to add your cell phone, please sign in to Remind.com and add it to your profile.** Please fill out the following information for parents and any other individual you wish to receive emergency alerts. **PLEASE PRINT CLEARLY**

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

EMERGENCY PICK UP AUTHORIZATION: Please list both names and cell phone numbers of all people who are authorized to pick up your child in case of an emergency or crisis if you are unable to get to Diener within a reasonable timeframe (90 minutes from time of emergency alert message)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL INFORMATION:

Does student need to wear glasses: Constantly? yes no For seatwork? yes no For distance? yes no

Does student wear contact lenses? yes no

Does your child have asthma? yes no If yes, please specify below:

Does your child have any allergies? yes no If yes, please specify below:

Does your child take any medication? yes no If yes, please specify below:

Medication to be given **at the Diener School** (indicate exact time(s) and dosage) _____

Medication **taken at home** (indicate exact time(s) and dosage) _____

All medication to be administered at school must be given to the staff. It must be in a container from a pharmacy or physician's office and be labeled with the child's name, doctor's name, name of medication, dosage, and time(s) to be administered, and number of pills/doses in the bottle. A current Physician's Order Form must accompany **all** medications to be given at school.

Prescribing Doctor's Name _____ Phone _____

IN CASE OF MEDICAL EMERGENCY

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Insurance Provider _____ ID Number _____ Group Number _____

Subscriber's Name _____ Phone Number _____

Hospital where student should be taken if parents aren't available _____

In case of accident, or serious illness, I request The Diener School to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____