

PRESCHOOL/ELEMENTARY

This card must be completed in its entirety. Please print legibly using **black ink** only.

2025-2026

EMERGENCY CONTACT INFORMATION

FIRST BAPTIST SCHOOL
14400 Diamond Path West, Rosemount, MN 55068
651-423-2272 fbsrosemount.org

STUDENT'S LAST NAME

FIRST

MIDDLE

☐

Male

☐

Female

Date of Birth _____ Grade _____

MM / DD / YYYY

PRIMARY ADDRESS OF STUDENT: Street Address: _____
City: _____ State: _____ Zip code: _____

PARENT OR GUARDIAN #1 (this is the parent or guardian who is to be the initial contact in case of an illness or emergency):

FIRST & LAST NAME: _____ Email: _____ Cell phone: _____

PARENT OR GUARDIAN #2:

FIRST & LAST NAME: _____ Email: _____ Cell phone: _____

EMERGENCY CONTACTS IN CASE A PARENT/GUARDIAN CANNOT BE REACHED:

1. NAME: _____ Relationship to student: _____ Cell phone: _____

2. NAME: _____ Relationship to student: _____ Cell phone: _____

MEDICAL INFORMATION FOR THIS STUDENT (circle YES or NO to answer each question):

1. Does this student have any severe/life-threatening allergies (ex: bee stings, peanuts, shellfish, etc.)? YES NO If yes, please provide complete details: _____

2. Does this student have any significant health concerns (ex: diabetes, seizures, etc.) -AND/OR- does this student currently take any prescription medication? YES NO
If yes, please provide complete details: _____

3. Does this student require prescription medication to be kept in the school office and given during school hours (this includes emergency medications such as an EpiPen, inhaler, etc., as well as any other doctor-prescribed medication)? YES NO If yes, please list medication(s) and dosage(s) as well as the reason for the prescription(s): _____

****Please note that a signed doctor's order is required for the school nurse or office staff to be able to administer prescription medication to your student. ****

FBS OFFICE STAFF HAS
PERMISSION TO ADMINISTER TO
MY CHILD FOR PAIN/FEVER:

YES

NO

☐☐

acetaminophen
(children's Tylenol)

I understand that it is my responsibility to keep all of the information on this card up-to-date. I understand that a new card must be completed for every student at the beginning of each school year. I understand that I must complete a new card if there are any significant changes to my child's health during the year.

I understand that it is my responsibility to make arrangements to pick up and care for my child if he/she becomes too ill to remain at school.

I understand that, if deemed necessary by the school nurse or by school officials, emergency 911 personnel may be called to provide care for my child in the case of a serious illness or emergency. Information provided on this card may be shared with law enforcement personnel, paramedics, doctors, or nurses in the event of a medical emergency.

Signature of Parent/Guardian: _____ Date: _____