



# **2024-25 Back-to-School Forms**

## **JrK**

Please complete all included forms by August 5th and submit one of two ways:

Submit via email to Back Office Manager, Lisa Goerlich at  
[lisa.goerlich@merryhillschool.com](mailto:lisa.goerlich@merryhillschool.com)

OR

Print and drop off at front desk between 8-4PM Monday-Friday



## STUDENT EMERGENCY/MEDICAL INFORMATION CARD

(Must be completed in entirety each school year and submitted prior to the first day of school)

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Resides with: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY CONTACTS & PICK UP AUTHORIZATION:

In case child listed above needs to be picked up by someone other than myself, becomes ill, or is injured at school and I cannot be contacted, the school authorities have my permission to grant and release my child to the custody of one of the following:

Emergency Contact #1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact #3 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact #4 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_



**MEDICAL INFORMATION:**

Insurance Name & Member Number: \_\_\_\_\_

Health Care Provider Phone Number: \_\_\_\_\_

My child has:

\_\_\_\_ No known medical conditions

\_\_\_\_ Major medical issues\*: \_\_\_\_\_

\_\_\_\_ Medications taken regularly: \_\_\_\_\_

\_\_\_\_ Allergies/Allergic\* to: \_\_\_\_\_ Treatment: \_\_\_\_\_

\*For severe allergic reactions or other more severe medical issues, an accommodation plan is required along with required forms outlining instructions for emergency situations (i.e.: administering an epi-pen injection). See below.

**ALLERGY PRECAUTIONS (if applicable):**

The allergy can be prevented by: \_\_\_\_\_

Peanut allergies: \_\_\_\_\_ My child has an airborne peanut allergy and cannot be near, touch, or ingest peanuts.

\_\_\_\_\_ My child can be in a facility with peanuts but cannot ingest them.

**ALLERGIC REACTIONS (if applicable):**

Reaction symptoms: \_\_\_\_\_

Date of last reaction: \_\_\_\_\_ Action taken: \_\_\_\_\_

\_\_\_\_ Requires epinephrine

**\*ALLERGIC REACTION RESPONSES:**

If your child has a severe food allergy\*, [click here](#) to access the required action plan form. This must be submitted with medication prior to the start of school. For students requiring an epi-pen: an epi-pen must be provided to the front office prior to the student being dropped off.

**OTHER CONDITIONS** - If your child has a medical condition\* requiring specific administration of medication or emergency action plans, procedures must be in writing from the doctor and provided to the school prior to the first day of school.

\*These circumstances require modifications on the part of the school. An accommodation action plan will be created by the school and requires parent signature.

**CONSENT:**

I give my consent for the school to follow the procedures outlined above. If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for the school to take appropriate action for the safety and welfare of my child.

\_\_\_\_\_  
Parent/Guardian Signature (Required)

\_\_\_\_\_  
Date



## STATE LICENSING PAPERWORK (ADDITIONAL REQUIREMENTS)

Required prior to child's first day. If previously submitted for summer 2024, it is not required to resubmit. Click on the links below to access individual forms.

- PHYSICIAN'S REPORT: [Physician's Report](#) (LIC701) Requires physicians signature
- CHILD'S HEALTH HISTORY, PARENTS' REPORT: [Childs' Health History, Parents' Report](#) (LIC702)
- IDENTIFICATION & EMERGENCY INFORMATION: [Identification & Emergency Info Form](#) (LIC700)
- CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS: [Parents Rights](#) (LIC995) – Submit bottom section only, keep top section of form for records.
- PERSONAL RIGHTS: [Personal Rights](#) (LIC613A) – Submit bottom section only, keep top section of form for records.
- CONSENT FOR EMERGENCY MEDICAL TREATMENT: [Consent for Medical Treatment](#) (LIC627)
- OPTIONAL HEALTH FORMS:
  - If your child is in need of medication onsite, you will need to complete [Consent for Administration of Medications](#) (LIC 9221)
  - If your child has asthma and needs a nebulizer, you will need to complete [Nebulizer Care Consent/Verification](#) (LIC 9166)