



Current Photo
of Student

Date: _____

THE ROEPER SCHOOL

41190 Woodward Ave.
Bloomfield Hills, MI 48304
(248) 203-7330

Student's Name: _____ **Date of Birth:** _____

Allergy: _____

Teachers: _____ **Homeroom ext.:** _____

Emergency Contact: _____ **Phone:** _____

Relationship: _____ **Alt. Phones:** _____

2nd Emergency Contact: _____ **Phone:** _____

Relationship: _____ **Alt. Phones:** _____

Physician: _____ **Phone:** _____

For students with oral medication:

Medication to be given: _____ What signs would indicate that medication should be given? _____

Notify Parent/Guardian/Alternate Contact? Yes No Call EMS? Yes No

Watch closely for swelling of lips, tongue or mouth, wheezing and shortness of breath, hives, abdominal cramps or loss of consciousness. If any of these symptoms occur, call EMS.

For students with injectable or oral and injectable medication:

Medication(s) to be given: _____

What signs would indicate that medication should be given? _____

If injection is given, Parent/Guardian and EMS will be called. Is there any other action your doctor would like to be taken? _____

Signature of Parent or Guardian

Date