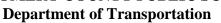


CONFIDENTIAL MEDICAL EMERGENCY INFORMATION MONTGOMERY COUNTY PUBLIC SCHOOLS





Student Name: To Add a Picture Nick Name: _____ DOB: 1. Annotations option under the Student Information **Comment Tab** AM Route # _____ PM Route # _____ 2. Click the paper clip icon 3. Click in the box on the form 4. Upload the photo .jpg 5. Click select Program: 6. Click the attachment (push pin) icon, Teacher: 7. You will see the icon in the box, double click that and it will open the picture Home Address: Attach Picture Here (Optional) Mother/Guardian Name: _____ Parent/Guardian Information Home Phone Number: _____ Work Phone Number: Cell Phone Number: Other: _____ Father/Guardian Name: _____ Work Phone Number: _____ Home Phone Number: Cell Phone Number: Other: Emergency Contact Name: Other: Hospital Preference: Physician: Allergies: Medical Information Dosage: *Bus operator or attendant are not authorized to administer oral or injectable medication other than a EPI PEN **Special Instructions:**

CE:ce 05/8/14