EMERGENCY INFORMATION

SY 2025-2026

NEW JERSEY INSTITUTE FOR DISABILITIES
LAKEVIEW SCHOOL ~ 10 OAK DRIVE ~ EDISON, NJ 08837
Nursing Department: 732-549-5580 x2600 Fax 732-590-2426

Student Name: _____ **Date of Birth:** _____
Parent Name/Phone: _____ **Diagnosis:** _____
Physician Name: _____
Physician Phone:

Indicate chronic health problems or medical conditions:

- ☐ Cerebral Palsy
- ☐ Seizures
- ☐ Cardiac History
- ☐ Shunt
- ☐ Asthma
- ☐ Chicken Pox ☐ yes ☐ no date _____
- ☐ Others (please list) _____

Names of Medication Taken
(at home or at school): Time Dosage

Allergies (insects, food mediction, environmental, etc.):

Symptoms of allergic reactions (rash, sneezing, etc.):

SEIZURE ACTIVITY INFORMATION

Decription of seizure condition/disorder: _____

Describe what your child's seizures look like:

- ☐ Color Changes
- ☐ Not oriented to time/place
- ☐ Rapid blinking/eye movements
- ☐ Loss of muscle tone
- ☐ Vocalization/laughing
- ☐ Frequency
- ☐ Other _____
- ☐ Blank stare/daydreaming
- ☐ Chewing movements
- ☐ Muscle jerking
- ☐ Sudden collapse
- ☐ Extremity extension
- ☐ Length

Parental/Guardian Permissions

I grant permission to give this Emergency Health Information Form to appropriate hospital/emergency personnel in case of accident/sudden illness involving my child.
_____ ***initial***

I grant my permission to NJID/Lakeview School to allow my child to be treated by a physician and/or take my child to a Medical Center, if deemed necessary by responding EMS/Medical Services, during the school day.
_____ ***initial***

Private Duty Nurse: I give permission for my child's nursing agency to share care plan details with Lakeview school medical personnel.
_____ ***initial***

I give permission for this information to be shared with classroom teacher(s) and other appropriate school personnel.
_____ ***initial***

Parent/Guardian *Signature*

Date:

Are there any warnings and/or behavior changes before the seizure occurs?

Has there been any recent change in your child's seizure pattern?

How does your child react after a seizure is over?