

Student Emergency Information

Grade

Last Name First Name Sex M F Birth Date

Physical Address Home /Cell Ph.

Mailing Address.....

Parent/Guardian 1 Relationship Work Ph.

Address

Parent/Guardian 2 Relationship Work Ph.

Address

Home E-Mail Address.....

Friend/Relative if parent is not available Relationship Ph.

Allergies or Health Conditions

Medications

Doctor Ph. Dentist Ph.

In the event of an emergency or serious illness, I request that the school contact me. If unable to reach me, you may contact the designated person listed above, contact my child's physician for instructions, or make whatever arrangements are necessary to ensure my child's well-being.

Signature Parent/Guardian Date

Over-the-Counter Medication Consent Form

Your child will always receive a thorough assessment by the school nurse before an appropriate medication is offered. Please check below those medications that the nurse may give to your child:

For headache and minor muscle pain:

Generic Tylenol (acetaminophen)

For minor stomach upset:

Tums

For cough/sore throat:

Ricola cough drops

For menstrual cramps:

Ibuprofen

Check here if the nurse has your permission to give your child the medications you have checked above without calling you first.

Check here if you always want to be called before your child is given any of the above over-the-counter medication.

Check here if you **DO NOT WISH** for your child to receive any of the above over-the-counter medications.

For all over-the-counter or prescription medications, you must bring the medication to the school nurse in the original container. You will be asked to sign a consent form. **No medications will be given with phone consent only; state law now requires written consent be on file. Please support our efforts to maintain a safe school-do not send medication with your child.**

This signed form will serve as consent for the medications checked above only.

Signature/Parent Guardian Date