

EMERGENCY INFORMATION AND PARENTAL CONSENTS

STUDENT INFORMATION

School Year 2013-2014

Student Name ES Child
Lastname Firstname Middlename

Grade/Teacher 5 /

Parent/Father Name Mother Name
Native Language Native Language

Home Address & phone
Father/Parent Office Address & phones
Mother Office Address & phones
Email Address

EMERGENCY CONTACT

When parents cannot be reached please contact

IMMUNIZATION UPDATES

Has your child had an update for any immunizations in the past year? Yes No If yes, please specify
 Date(s)

ALLERGIES/PERTINENT MEDICAL INFORMATION

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

Are any of these allergies life threatening: Yes No

If yes, please explain

Explain any limitations or restrictions Yes No

Permission is hereby given for emergency measures to be initiated in case of accident or sudden illness with the understanding that I will be notified. I certify that all information given on this record is complete and correct.

Parent's signature Date

CONSENT

With your permission the school nurse may give your child medications listed below.

If a student needs any other type of over the counter medications during the school day those medications need to be brought into the nurse office in the original container with a note from the parent/guardian stating the dosage, time and reason for medication.

I understand that the law provides that there shall be no liability for civil damage as a result of the administration of medication where the person administering the medications acts as an ordinary prudent person would under the same circumstances.

Please check, sign and date this section below after indicating your desire by choosing one of the following statements:

- ISB health center nurses' have my consent to give the following medications to , Child my son/daughter.
- Acetaminophen (like: Tylenol or Tempra Syrup) for headache, fever, minor aches and menstrual cramps
 - Decongestant(like: Dimetapp Syrup) for nasal and sinus congestion
 - Ibuprofen (like: Advil) for headache, fever, minor aches and menstrual cramps
 - Antacid (like: Tums) for upset stomach
 - Please do not give my son/daughter any medication at school.

Parent's signature Date

This form must be renewed at the beginning of each school year and as needed.

*** Please return this form to Health Center as soon as possible. ***