

EMERGENCY MEDICAL FORM and OTC MEDICATION AUTHORIZATION

Student's Name _____ Male/Female _____ Homeroom Teacher _____ Grade _____

Address _____ Date of Birth _____

Parent/Guardian Information: Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Information: Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

In case of illness or accident during school hours when no one can be reached at home, please indicate below a person who may be contacted and/or transport your child.

1. Emergency Contact _____
Name _____ Telephone number _____

2. Emergency Contact _____
Name _____ Telephone number _____

Health Information*Use back side of this form for any additional information you need the nurse to know*

1. Is your child currently receiving treatment from a Doctor for Asthma? _____ If yes, describe triggers, frequency, symptoms, and medications _____

2. Allergies (medications, food, environmental/seasonal) _____ Does Allergy require use of EpiPen? _____

3. Medical/mental health conditions _____

4. Surgeries/Hospitalizations _____

5. Medications at home or school _____

6. Any physical limitations or restrictions for activity? _____

Physician _____ Telephone _____

Does your child have health insurance Yes No Insurance Company & Policy # _____

I authorize the school nurse to administer the following medications to my child on an as-needed basis, after my child has been assessed by the nurse. These medications will be given per package directions based on my child's weight and age. These medication orders have been approved by the Derby Public Schools Medical Advisor (CT Public Act No. 212A revised #88-360).

Please check (✓) next to the medications you authorize the school nurse to administer and indicate reason for giving.

Tylenol/Acetaminophen	Reason for giving: _____
Advil/Motrin/Ibuprofen	Reason for giving: _____
Tums/Antacids	Reason for giving: _____
Midol/Pamprin	Reason for giving: _____
Bacitracin antibiotic ointment	Reason for giving: _____

Signature of Parent/Legal Guardian _____ Date _____