

Student Emergency /Medical Information

Last Name: _____ First Name: _____ DOB: _____
 School: _____ Room/Sec: _____ Grade: _____

Home Address: _____ Home phone: _____
 Mother: _____ email: _____ phone: _____
 Father: _____ email: _____ phone: _____
 Guardian: _____ email: _____ phone: _____

Emergency contacts (other than parents) must be local and available for contact:

Name and Relationship to child	Phone
1. _____	_____
_____	_____
2. _____	_____

Childs Doctor/Clinic: _____ Phone: _____
Medical Insurance: MA ___ CHIP ___ Private _____
 Insurance company name: _____ Policy Number _____

<p>Please circle below to give permission to the school nurse to give your child medication.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">Acetaminophen (Tylenol)</td> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> <tr> <td style="padding: 2px;">Ibuprofen (Advil, Motrin)</td> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	Acetaminophen (Tylenol)	YES	NO	Ibuprofen (Advil, Motrin)	YES	NO	<p>Please CIRCLE the following if your child:</p> <p>Wears: Glasses Hearing aid</p> <p>Has: Seizures Diabetes Asthma ADHD</p> <p>List Allergies: Food substitution requires a new order yearly from a health care provider: _____</p> <p>_____</p> <p>Other Health Problems: _____</p> <p>_____</p> <p>_____</p>
Acetaminophen (Tylenol)	YES	NO					
Ibuprofen (Advil, Motrin)	YES	NO					

Does your child take medication? ___NO ___YES (please list)

Medication	Dose	Frequency/Time	Reason

Your signature gives permission for emergency treatment; as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities. I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/Guardian Signature _____ Date _____

OPTIONAL

Non-Aerosol Topical Sunscreen Use at School

Parents/guardians may choose to supply their child with **non-aerosol topical sunscreen**, if it is approved by the U.S. Food and Drug Administration. In order for a student to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel, the parent/guardian must complete the attestations below.

Parent/Guardian Attestation

- By signing below, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.
- By signing below, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

Parent/Guardian Signature: _____ Date: _____

The school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:

- The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.
- The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school shall provide written notice of the cancelation or restriction to the student's parent/guardian.