

ST. BERNADETTE SCHOOL HEALTH OFFICE STUDENT EMERGENCY INFORMATION 2011-12

***Please fill out one form for each child**
***Please complete both sides of this form**

Name _____ Grade: _____

Date of Birth _____ Gender: M F Email Address: _____

Address: _____ Home Phone _____

Street City/Zip

Name of parent(s)/guardian(s) with whom child lives _____

Mother's Work # _____ Father's Work # _____

Cell # _____ Cell # _____

In the event that my child needs to be dismissed for an injury or illness, and I cannot be reached, the following people may pick up my child.

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Student's Physician _____ Phone _____

Student's Dentist _____ Phone _____

Hospital Preference _____

Allergies: _____

Medical conditions: _____

Medications: _____

Delegation of Epi-Pens: If the school nurse is not available I give permission for trained school personnel to administer epinephrine to my child in an emergency.

Confidentiality Release: I give permission to the school nurse to share information regarding my child's health with appropriate school personnel as needed.

Emergency Treatment Release: In case of an emergency and I cannot be reached, above, I authorize the school to arrange transportation to the nearest hospital emergency room for treatment.

Signature (custodial parent/guardian) _____ Date _____

Saint Bernadette School

Student Name _____ **Grade** _____

Dear Parents/ Guardians:

Please complete the information on this form and sign as requested. This form is good for this calendar school year. Dr. Martha Sacoto-Hasler, Saint Bernadette School Physician, has authorized the school nurses to administer Tylenol, Advil, and throat lozenges as needed to students in grades 5 through 8, and Benadryl to all grades. If you have any questions, feel free to call the health office.

Non-Prescription (OTC) Medication Permission Form For Grades 5-8 only

The following medications may be dispensed as needed after the school nurse evaluates the student's health status. The school nurse will **NOT** be able to dispense these medications without your signature below.

- **If the student has a fever, the parent will notified and the student will be dismissed from school.**

Tylenol Yes No

Ibuprofen Yes No

Cough Drop Yes No

Benadryl Permission Form For Grades Preschool – 8

Benadryl will only be administered if the student has permission from their parent/guardian. Medication will only be administered after the school nurse evaluates the student's health status and contacts the parent/guardian. The school nurse will **NOT** dispense this medication without your signature below.

Benadryl Yes No

Parent/Guardian signature _____ **Date** _____

* The health office will carry Benadryl, Tylenol, and Motrin