St. Bernadette School Health Office
266 Main Street Northborough, MA 01532 / phone: 508-351-2945 / fax: 508-351-2941

Student Emergency Information

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

Name_____ Grade:_____ DOB: _____

Gender: M F Email Address: _____

Address 1:_____ City: _____ Zip: _____

Address 2:_____ City: _____ Zip: _____

Home Phone_____ Whom the child resides with: _____

Parent(s)/guardian(s) names:

Parent 1: _____ Parent 2: _____

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. **CHILDREN MUST BE PICKED UP WITHIN 30 MINUTES FROM NOTIFICATION**

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, and child's medical providers as needed.
Emergency Treatment Release: In case of an emergency and I cannot be reached, I authorize the school to arrange transportation to the nearest hospital emergency room for treatment.

Signature (custodial parent/guardian)_____Date_____

Over ⇨

OTC Medication Permission Form

Student Name_____Grade_____Valid for School Year_____

Our school physician, Catherine Riordan, MD, has provided standing orders and protocols for the medications listed below. The medication/treatment will be administered as needed only after the school nurse evaluates the student's health status. No medication will be dispensed if your child exhibits a fever, or signs of an illness or condition that warrants physician assessment or dismissal from school. Other pain-relief methods such as ice/hot packs, relaxation breathing techniques, and hydration will be used before medication is offered.

Student in PK– Grade 8

	YES	NO
Benadryl (For allergy symptoms)	☐	☐
OTC First Aid Wash (For cuts/scrapes)	☐	☐
A & D Ointment	☐	☐
Bactine	☐	☐

If the student requires Benadryl, the parent/guardian will be contacted.

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Student in Grade 5 –Grade 8

There are times when your son/daughter **(Grades 5-8 Only)** may come to the Health Office with a headache, upset stomach, cold symptoms, or pain from orthodontia, sports injury, or menstrual cramps. With your parent permission below, your child may receive the over the counter medication to relieve their symptoms. However, these medications are intended for very infrequent use, if a pattern seems to be forming, we may ask you to supply Any child needing more than three doses per year is required to get a physician's order and provide their own over the counter medication.

	YES	NO
Acetaminophen/Tylenol (For pain relief)	☐	☐
Ibuprofen/Advil/Motrin (For pain relief)	☐	☐
Cough Drop (For sore throat/cough)	☐	☐
OTC First Aid Wash (For cuts/scrapes)	☐	☐
A & D Ointment	☐	☐
Bactine	☐	☐
I wish to be called every time my child receives a dose of medication	☐	☐

I give permission to the school nurse to administer the above checked medications/treatments to my child as needed.

Parent/Guardian Signature_____ Date _____