

SHEPAUG VALLEY REGIONAL SCHOOL DISTRICT #12
EMERGENCY CONTACTS-CURRENT HEALTH INFORMATION

*Please provide a separate form for **each child***

STUDENT NAME _____ GRADE _____ D.O.B. _____

Address _____

Home Phone _____ E-Mail _____

Mother Name _____ Work# _____ Cell# _____

Father Name _____ Work# _____ Cell# _____

Student lives with _____

Does your child have health insurance? YES ____ NO ____ (If no, please call 1-877-CT-HUSKY)

List two persons who can assume care of your child in an emergency:

Name _____ Phone# _____

Name _____ Phone# _____

HEALTH INFORMATION: List **ALL** health conditions or chronic diseases that may be of concern to school personnel: _____

ALLERGIES: (food, medications, seasonal, and/or substances) _____

CURRENT MEDICATIONS: (home and/or school) _____

EYE GLASSES: YES ____ NO ____ Purpose: _____

Student's Physician _____ Phone _____

I authorize the school nurse to administer the following medications to my child as needed during school hours: (Please circle yes or no below)

Yes No *Acetaminophen (Tylenol)
Yes No *Ibuprofen
Yes No Cough Drop/Throat Lozenge
Yes No Antibiotic Ointment
Yes No Caladryl/Calamine Lotion
Yes No Antiseptic Solution
Yes No Topical Oral Anesthetic
Yes No Vaseline/Hand Lotion/Aloe

Medications other than listed cannot be administered to your child without a physician's order and parent/guardian authorization. These forms are in the Health Office, the Student Handbook, and on the school website. If your child must take medication during school hours, it must be brought to the nurse by a parent/guardian in the original unopened or prescription container.

Acetaminophen and Ibuprofen will only be given for: Acute dental/orthodontic pain, Headache, Menstrual cramps, Temperature over 101.5, as per school medical orders.

I give permission for the release and exchange of information between the school nurse and my child's health care provider for confidential use in meeting my child's health care needs in school.

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

If any of the above information changes during the school year, please notify the Health Office.

Thank you for your cooperation.

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