

Emergency Health Care Plan & First Aid Permission

Complete entire form & sign below. Information for the nurse.

Student's Name _____ Grade _____ Teacher _____

Has a doctor told you that your child has a serious medical condition such as:

- | | <u>circle</u> | <u>one</u> |
|--|---------------|------------|
| • Asthma | yes | no |
| • Diabetes | yes | no |
| • Seizures..... | yes | no |
| • Severe allergic reaction (requires Epi-Pen or Hospital care)..... | yes | no |
| • Food Allergies (requires note from doctor for cafeteria substitution)..... | yes | no |
| If yes, please list food allergy _____ | | |
| • Does your child take daily medication at home?..... | yes | no |
| If yes, please list medication(s) _____ | | |
| • Does your child have a medical condition not listed above? | yes | no |

If yes, please explain _____

No medical treatment or medication will be given without parent consent. By signing this form you, the parent are giving the school nurse or other employee designated by the principal permission to administer treatment or topical medications as listed below. This also includes the administration of Benadryl which is an allergy medication that *may* sustain life in the event of a serious allergic reaction. If your child cannot tolerate Benadryl, you must notify the school in writing that he/she is not permitted to take it. This document does not allow for the administration of other oral medications such as fever reducers or cold medicines which you, the parent must provide if needed during school hours. All medications must meet the guidelines listed in the medication policy. In addition, by signing this form you are giving the school nurse permission to contact the child's doctor **only** to better understand the parent's directions concerning conditions, treatments or medication. You will be notified first of the nurse's need for contact with the physician.

9-1-1 will be called for life threatening emergencies. If the child is transported, you may be held responsible for costs incurred. Hospital preference _____ Doctor _____

Non-emergency are may include, but not limited to: checking vital signs, resting, taking medication (with parent approval), treatment of minor accidents such as scrapes, cuts, nosebleeds, falls, etc. I give the school nurse permission to treat minor injuries and administer topical over-the-counter medicines as needed. These may include: triple antibiotic cream, anti-itch cream, Calagel, cortisone cream, antifungal cream and/or Orajel (for toothaches).

Emergency contacts name & phone # including parents: List numbers & who to call first.
