

Shanksville-Stonycreek School District

Information for Medical Treatment

The Shanksville-Stonycreek School District requests that the parents/guardians of all students complete the following information to help the school nurse develop a plan of care for your child should your child need medical assistance or a medical emergency arises.

Student's Last Name	First	Birth Date
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Teacher	Grade
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In case of illness, accident, or emergencies to the student named above, the school is authorized to proceed as indicated below. Number each item from 1-8 in order of desired action.

Parents/Guardians

_____ Mother's Name _____

_____ Home # _____ Address _____

_____ Work # _____ Place of Work _____

_____ Father's Name _____

_____ Home # _____ Address _____

_____ Work # _____ Place of Work _____

_____ Alternate Contact _____

_____ Home # _____ Address _____

_____ Work # _____ Place of Work _____

_____ Other Desired Procedures _____

_____ Activate EMS (911)*

*If the emergency is urgent enough to require immediate action, school personnel will act in a prudent manner using all knowledge and skills at their disposal to meet the injured/ill person's needs; this includes calling 911 or the nearest medical facility. The person rendering such assistance should then contact the nurse and notify the parents as per instructions on the student's emergency card.

Signature of Parent/Guardian

Date

Back →

Allergies Food Insect/Bee Medication Environmental/Seasonal Other None known

Specify Allergen: _____ Treatment: _____

List any health or medical conditions (i.e. asthma, migraines) none known

Student's Doctor _____ Phone # _____

Student's Dentist _____ Phone # _____

List Siblings

Name _____ Grade _____ Age _____ Name _____ Grade _____ Age _____

Name _____ Grade _____ Age _____ Name _____ Grade _____ Age _____

Student's needing over-the-counter medication during school hours may receive the following medication from the nurse with parent permission. Please check yes or no for each of the following medications.

Yes No

 Tylenol (Acetaminophen) as needed for headaches, menstrual cramps, toothaches, earaches, or fever. Dose will be age/weight appropriate.

 Advil (Ibuprofen) as needed for headache, menstrual cramps, orthopedic injuries, or fever. Dose will be age/weight appropriate.

 Antacid (Tums or similar product) as needed for upset stomach, nausea, or heart burn. Dose will be age/weight appropriate.

 Cough drops or Throat lozenges as needed for cough or sore throat.

 Benadryl (diphenhydramine) as needed for allergic reactions. Dose will be age/weight appropriate.

 Orajel or Ambesol as needed for toothaches.

 Bacitracin Ointment as needed for minor wounds/abrasions.

 Anti-itch lotion (Hydrocortisone, Calamine, or Benadryl lotion) for insect bites or skin irritations.

 Vaseline Petroleum Jelly as needed for dry or chapped lips.

 Epipen or Epipen JR as needed for severe allergic reaction/anaphylaxis.

 Narcan for opioid overdose.

Signature of Parent/Guardian

Date