



Permission for Treatment/ Risk Notification For GHS Only

Student's Name _____ School _____ Grade _____

Parent/Guardian Name _____ Telephone _____

Authorization for Medical Care:

In the event of a medical emergency or illness, I hereby authorize Greenwich Public Schools to provide first aid, and/or to request emergency medical treatment and transportation to a hospital. Any hospital or emergency medical personnel are authorized to provide treatment to my child of such nature as they deem appropriate and to consult with the physician listed in the Student Profile.

** A child without a history of a severe allergic reaction may receive epinephrine from a certified teacher if a reaction is suspected (CT. Act 14-176). Please contact the nurse directly, if you do NOT wish your child to be included under this law.

Parent/ Guardian Signature _____ Date _____

Over-the-Counter Medications

In an effort to better serve the health needs of your child, we have developed a policy which allows us to administer certain over the counter medications to your child if necessary during the course of the school day. In accordance with our medication policy we are sending you this letter to allow you to give authorization for the school nurse to administer medications noted below to your child if necessary for your child's comfort and safety during the school day.

If you prefer to use only a name brand (i.e. "Advil") or liquid form of these medications, please bring a sealed, labeled container to the health office where it will be stored and used only for your child. Please feel free to call us if you have any questions at 203-625-8011. Please note: This policy pertains to *campus students only*.

<u>Acetaminophen</u>	YES	NO	<u>Ibuprofen</u>	YES	NO
For minor aches, headache, pain, cramps (Generic equivalent of Tylenol)	<input type="checkbox"/>	<input type="checkbox"/>	For muscle aches, headache, cramps (Generic equivalent to Motrin or Advil)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Benadryl/Diphenhydramine</u>			<u>Tums/Calcium Carbonate</u>		
For hives or skin rash	<input type="checkbox"/>	<input type="checkbox"/>	For acid indigestion	<input type="checkbox"/>	<input type="checkbox"/>

Parent/ Guardian Signature _____ Date _____

Student Health Insurance Information

Does your child have Health Insurance? Yes No

If your child is uninsured, we will provide you information on Connecticut's HUSKY PLAN. Your signature means that the school can provide you contact information for the Connecticut Department of Social Service. (Administrating agency of the HUSKY Plan) or information about how to enroll in HUSKY.

Parent/ Guardian Signature _____ Date _____