Old Rochester Regional High School
NURSE'S EMERGENCY INFORMATION 2023-2024

Student Name: ____ **DOB:**_____________________

Home Address:____

Grade:__________ Preferred Name & Pronouns:____________________________

Parent/Guardian #1:____
Employer:_____________________________________ Email:__________________________________
Cell Phone: ____________________________________ Work Phone:____________________________
Parent/Guardian #1 Custody: ___Full ___Joint Other:____________________________

Parent/Guardian #2:____
Employer:_____________________________________ Email:_______________________________
Cell Phone: ____________________________________ Work Phone:_________________________
Parent/Guardian #2 Custody: ___Full ___Joint Other:____________________________

Does your child have health insurance?____Yes ____ No
Health Insurance Company:_______________________ Policy number:________________________

Please indicate names of others who are allowed to pick up your child, will assume responsibility, and provide transportation for your child in case of illness/injury/emergency:

Name:_________________________________ Relationship to student:_________________________
Daytime Phone:____

Name:_________________________________ Relationship to student:_________________________
Daytime Phone:____

Student Physician:___________________________ Phone:________________________________
Student Dentist: _____________________________ Phone:________________________________

Please <u>Circle</u> the following conditions that pertain to your child:
Heart Condition_____Diabetes_____Seizure Disorder_____ADD/ADHD_____Anxiety_____Depression
Vision Problems_____Hearing Problems_____Asthma Other: (Specify)__________________________
Allergies (Specify: food, medicine, insects, environment)____
Medications:(Specify)____
____

Age of Majority: If your student **turns 18 years old** during the school year, they authorize the following:
__ After I turn 18, my parent(s) will continue to be involved in my medical and educational decision making.
__ After I turn 18, my parent(s) **WILL NOT** be involved in my **medical** or **educational** decisions.
Student Signature: _________________________________ Date: ___/____/____
*Disclaimer: When a student turns 18 they must provide written notice that they **<u>DO NOT</u>** want their parent(s) notified; otherwise the school will continue to include parent(s) in all communications.*

Parent/Guardian Signature: _______________________________________ **Date:** ___/___/______

Complete other side

PARENT/GUARDIAN CONSENT
For over the counter medications at Old Rochester Regional High School

I give permission for (Student's name) ____

To receive the following medication from the school Nurse during the school day:

Acetaminophen (Tylenol) __YES __ NO **Ibuprofen** (Advil) ___ YES ___ NO

Tums __ YES __ NO **Hand Sanitizer** __YES__ NO

Cough drops __YES __NO

Reason (s): Headache ___ Menstrual Cramps ___ Fever ___

Dental Pain ___ Muscle or Joint Pain ___ General Discomfort ___

Heartburn or upset stomach ___ Other _______

My child has taken acetaminophen before: __ YES __ NO without a problem: __ YES __ NO

My Child has taken ibuprofen before: __ YES __ NO without a problem: __ YES __ NO

My child has taken Tums before: __ YES __ NO without a problem: __ YES __ NO

My child has used alcohol-based hand sanitizer before: __YES __ NO without a problem: __YES __NO

My child is taking other medications at this time: __YES __ NO

Please list medications: ____

I understand that this information is confidential, however, federal law permits information in the school health record to be shared with school officials on a 'need to know' basis and with a very limited number of other persons, including those who may need to help in an emergency. In other circumstances, my consent will be required. I give permission to exchange information with my child's health care provider. I understand that I can limit or revoke this consent at any time.

Parent/Guardian Signature: ________________________________ **Date:** ___/___/____