Permission For Emergency Medical Care

Teacher/Grade

Student_____ **Date of Birth** _____

Brothers/Sisters (Full names and schools they attend):_____

_____

Please check any condition listed below that affects your child:

Yes	No		Yes	No	
☐	☐	ADD/ADHD	☐	☐	Heart Problem
☐	☐	Asthma_____(date of last incident)	☐	☐	Kidney/Urinary problem
☐	☐	Birth defect	☐	☐	Migraines
☐	☐	Blood disorder	☐	☐	Missing organ/Transplant
☐	☐	Cerebral Palsy	☐	☐	Muscle/Bone problem
☐	☐	Concussion _____(date)	☐	☐	Seizures_____(date of last seizure)
☐	☐	Cystic Fibrosis	☐	☐	Sickle cell disease _____ Trait _____
☐	☐	Diabetes	☐	☐	Vision problem Wears glasses? _____
☐	☐	Feeding/Swallowing Issues	☐	☐	Other conditions (list below)
☐	☐	Hearing problem _____(device)			

Please write a brief description for any "yes" answers. Use back of this page if necessary.

Allergic to:	**Type of Reaction: (circle)**				**Emergency Treatment:**		
Food _____	Breathing Problems	Rash/Hives	Swelling	Vomiting	ER	Epipen	Other_____
(Medical Statement from Doctor required for food allergies – obtain from school nurse)							
Medicine_____	Breathing Problems	Rash/Hives	Swelling	Vomiting	ER	Epipen	Other_____
Insect Bites/Stings_____	Breathing Problems	Rash/Hives	Swelling	Vomiting	ER	Epipen	Other_____
Other_____	Breathing Problems	Rash/Hives	Swelling	Vomiting	ER	Epipen	Other_____

Is there any reason that your child's activity should be restricted? **(Doctor's note required)** ____Yes ____No

List medicines that your child takes at home and the reason:

List medicines or medical procedures that your child will require at school and the reason **(Doctor's orders required for all medicines and procedures)**

Please provide the following information regarding persons whom the school can call if your child is sick or injured at school. Additional persons and phone numbers can be listed on a separate page (include child's name). If information changes please inform the school office in order to update Power School.

Mother/Guardian's Name_____Address_____

Home #_____ Cell #_____ Work #_____

Father/Guardian's Name_____Address_____

Home #_____ Cell #_____ Work #_____

Emergency Contact's Name_____ Home #_____ Cell #_____ Work #_____

Emergency Contact's Name_____ Home #_____ Cell #_____ Work #_____

Preferred Doctor: _____ Phone #_____

I give the principal, school nurse, or designated person permission to seek medical care for my child in an emergency. I realize that the school will make every effort to contact me, but I agree that the Rescue Squad may be called and my child may be transported to Onslow Memorial Hospital/ Camp Lejeune Naval Hospital for emergency medical treatment. In order to make sure my child's special health needs are met, I understand my child's medical information will be shared confidentially with necessary staff members.

Parent Signature: _____ Date_____

*****THIS FORM MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR*****

********TURN PAGE OVER AND READ PROCEDURES*******

ONSLOW COUNTY SCHOOLS

HEALTH SERVICES

To: **All Parents/Guardians**

From: **The School Nurse**

Please note the following school health procedures as we work together to ensure a healthy, safe environment for all our students:

1. Medications (prescription and over-the-counter) are not allowed at school unless an Onslow County Schools "Permission for Prescribed Medication to Be Given During School Hours" form has been completed by both the parent and the doctor. The form and the medication must be brought to the school by an adult, students **may not** transport medication.

2. Hearing, dental, and vision screenings are periodically done at the school. If there is a concern, you will be notified.

3. Head checks will be conducted at school. If a student is sent home with head lice, they cannot return to school or ride the bus until they are rechecked at the school office.

4. As per Onslow County Schools Board Policy (4230.5), students with a fever 100° or greater, with vomiting, or with diarrhea will be sent home and may not return until they are free of symptoms for 24 hours (without medication) before they may return to school.

5. If your child has a suspicious rash, they should be checked by your family physician before coming to school or riding the bus.

6. It is essential that the nurse and the school have current emergency telephone numbers to ensure the parent/guardian will be notified in the event a student becomes ill or injured. Please update the school office whenever these numbers change.

THANK YOU FOR YOUR COOPERATION!