

ILLNESS AND INJURY RESPONSE AND PREVENTION
(Student Emergency Information Form)

Name: _____ Date of Birth _____ / _____ / _____ Grade _____
Last First Middle

The following information is to be completed by the parent/guardian. To serve your child in case of injury or sudden illness, it is necessary that you furnish the following information:

CONSENT FOR NON-PRESCRIPTION MEDICATIONS

_____ My child can receive all of the following over the counter medications: Acetaminophen, Ibuprofen, Hydrocortisone Cream, Chloraseptic Spray, Visine Drops, Anbesol, Tums, and Cough Drops.

_____ My child cannot receive over the counter medications.

EMERGENCY INFORMATION

Doctor's Name: _____ Address: _____ Phone Number _____

Allergies _____ Hospital Preference: _____

Please list any medical or personal information you would like the district to be aware of in order to adequately assist your child in an emergency:

I hereby authorize the school to take action necessary to maintain the student's health in my absence including, but not limited to, consenting to any emergency surgical, medical or other treatment.

_____/_____/_____
Signature of Parent/Guardian Date

NOTICE

Midway School is equipped with prefilled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by the school nurse in accordance with written protocols by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board Policy.

Parent/Guardian, please complete and return to the school health office. A new form is required every school year for each student.