

**MAHWAH TOWNSHIP PUBLIC SCHOOLS
EMERGENCY MEDICAL INFORMATION SHEET GRADES 9-12**

COMPLETE AND RETURN TO SCHOOL

Student _____ Grade _____
(last) (first)

Date of Birth (MM/DD/YY) _____ Male _____ Female

Primary Physician's Name: _____ Telephone: _____

If neither parent nor legal guardian can be contacted, I authorize the school to take such emergency measures as are necessary.

Date

Signature of Parent or Guardian

Current Student Medical Information

My child has the following physician documented medical conditions:

The following medications have been prescribed and are being taken by my child:

The following allergies may affect my child in school:

- ☐ I authorize the school nurse to release information to pertinent school personnel regarding health concerns/medical needs that may impact my child's safety or performance in school.
- ☐ The information above is for the health office only. Do not share.

Parent Permission Requests

I consent to scoliosis screening. (Grades 5-11)

- ☐ Yes
- ☐ No

Our school physician, Dr. Everett Schlam, has approved the administration of Advil and Tylenol only at the high school level. The school nurse may, with written parent permission, administer these medications as needed, based on nursing assessment. I give permission for the school nurse to administer the age-appropriate dose of the following medications to my child:

- ☐ Tylenol (Acetaminophen)
- ☐ Advil (Ibuprofen)

Date

Signature of Parent or Guardian