

In order to give more satisfactory educational and health services to your child, please complete this form and return it to the school.

Child's Name _____ Date of Birth: _____

Parent's Name _____

Address _____ Home Phone _____

Student Lives with: Both Parents _____ Mother Only _____ Father Only _____ Other _____ Relationship _____

Father's Place of Employment _____ Work Phone _____ Cell # _____

Mother's Place of Employment _____ Work Phone _____ Cell # _____

In case of an accident or illness in school and the above can not be reached, list individuals you would allow to care for and transport your child.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name of family physician _____ Name of family dentist _____

Any Serious Health Conditions/Concerns/Allergies you want to make us aware of: _____

I DO _____ I DO NOT _____ authorize the Meyersdale Area School District to give first aid, if necessary during the school day. I hereby authorize the school to transport, or to make arrangements for the transportation of my child to an emergency care facility, and to sign permission for the medical treatment declared immediately necessary by the physician or dentist, in the event that the persons listed above cannot be contacted. It is understood that your reaction to this form will be in effect during the remainder of your child's enrollment in the Meyersdale Area Schools. **For any changes, please contact the school nurse.**

Parent or Guardian Signature

Date

List any information about your child you feel the school should be aware of: (example: hearing, vision, and emotional problems; hyperactivity, a physical handicap, asthma, or is currently taking prescription drugs).

FIRST AID PRACTICE

The following are Meyersdale Area Schools standing FIRST AID orders and medications available for your child at school which were prescribed by the school physician.

Beestings: Bee Sting Ease or Ice to the area.

Minor Wounds: Cleanse the area with soap & water & apply Bacitracin/ Triple Antibiotic/ apply Bandage if needed.

Abrasions, Lacerations, Wounds or Infected Areas: Cleanse the area with soap & water and apply Neosporin/Bacitracin/Triple Antibiotic & apply a dry dressing

Minor Eye Irritations: Irrigate with eye irrigating solution and/or saline.

Recent Injuries & Burns: Soak or rinse with cold water or water, apply burn gel/spray with lidocaine.

If pain due to injury or inflammation related injury - Ibuprofen 200 - 400mg.

Epistaxis: Apply pressure to nose.

Headache: Apply ice pack and rest.

Severe Headache: Children 12 yrs of age and up, give either 2 tabs of 325mg or 500mg Tylenol

Children 9-12yrs give 1 tablet of 325mg Tylenol

Children under age 9yrs give liquid/chewable tablets of Tylenol according to age & wgt.

Cold Sore, Fever Blisters: Anbesol Gel or tums paste.

Mouth Ulcers, Irritated Gums: Salt water rinse and/or chol spray /tums paste/anbesol

Indigestion, Upset Stomach or Nauseated: Maalox Tablets/Tums-Rest

Insect Bites, Stings, Rashes and Skin Irritations: Hydrocortisone Cream 1% For painful stings an external anesthetic containing benzocaine will be applied or Callergy Lotion

Earache: Cotton in ear if drainage is present.

Severe Earache: Children 12 years of age or older-2 tabs of 325mg or 500mg Tylenol

Children 9- 12yrs, 1 tab 325mg Tylenol.

Children under 9 years give liquid/chewable tablets of Tylenol according to age and wgt

Menstrual Cramps: Warm water bottle to abdomen and rest.

Severe Menstrual Cramps: Children 12yrs and older, give 2 tabs of 325mg or 500mg Tylenol

Children 9-12years 1 tab 325mg Tylenol or Ibuprofen 200 to 400 mg if preferred.

Sore Pierced Ear lobes-other pierced areas: Cleanse area with alcohol.

Sore/ Irritated Throat: Chloraseptic Oral Anesthetic Spray and/or Cough Drops.

Cough: Cough drops/ Throat Lozenges (not given to kindergarten students)

Toothache: Warm water rinse-anbesol gel or chloraseptic spray.

Severe Toothache: Children 12yrs or older-2 tabs 325mg or 500mg Tylenol

Children 9-12yrs 1 tab 325mg Tylenol.

Children under 9yrs give liquid or chewable tablets of Tylenol according to directions.

Chapped Lips - Vaseline / Blistex / or Ointment for Chapped lips

Allergic Reaction: Liquid or Tablet Benadryl -dose according to age and weight.

Life Threatening Anaphalaxis: Epi Pen or Epi Pen Jr. according to weight.

Suspected Drug (Opiod) Overdose: 4mg Naloxone in 0.1ml intranasal spray to any individual suspected of opiod overdose. May repeat every 2-3 minutes if available, until person responds, or EMS arrives.

Non-prescription cold & cough medication must be requested and provided by the parent /guardian in the original container with a written consent. Please note: If you prefer your child take Advil or Ibuprofen-please take this medication into the nurse with a medication consent permission slip.

I give my consent for the above medications and treatments to be rendered to my child as his or her condition warrants, under the supervision of the School Nurse, Sub Nurse, Principal, or his Designee. I understand that the school or staff can, in no way, be held responsible for any condition resulting from such medications & treatments. I am also aware the health information concerning my child will be shared with appropriate staff to ensure the safety and well being of my child.

Parent/Guardian Signature

Date