

SOUTHERN YORK COUNTY SCHOOL DISTRICT
EMERGENCY CARE INFORMATION
 2018-2019 School Year

(Complete using blue or black ink)

MEDICAL INFORMATION FOR: _____ ATTENDING _____

So that we can provide your child with the best possible care, information included on this form will be shared with appropriate staff. You may request that certain information be kept confidential by writing to your child's building principal.

PLEASE INDICATE THOSE MEDICATIONS THAT MAY BE GIVEN TO YOUR CHILD AS DETERMINED BY A SCHOOL NURSE.

____ **NO medications may be given** ____ Throat Lozenges ____ Tums Tablets
 ____ Benadryl (for allergic reaction) ____ Tylenol (grades 1-12) ____ Ibuprofen (grades 5-12)

Medical conditions that the School Nurse should be aware of: _____

Daily Medications (Name/Dose/Reason for medicine) _____

Does your child have a diagnosed allergy? No ____ Yes ____

If you answered Yes, please complete the following:

What is your child allergic to? _____ How is it treated? _____

Has your child been prescribed epinephrine? No ____ Yes ____ (if yes, does he/she self-carry) No ____ Yes ____

Are accommodations in the classroom or cafeteria needed due to this allergy? No ____ Yes ____ (if Yes, see *below)

**A physician's note must be provided annually to the school nurse at the start of each year if accommodations are needed in the classroom/cafeteria.*

I GIVE MY PERMISSION FOR MEDICAL TREATMENT TO BE GIVEN TO MY CHILD IN THE EVENT OF AN EMERGENCY, TRAUMA, OR CONDITION REQUIRING SUCH TREATMENT.

Signature/Date: _____ Signature/Date: _____

FATHER/GUARDIAN

MOTHER/GUARDIAN

(NOTE – Please make corrections immediately above or beside the printed information. Place a 'Y' in the box next to phone numbers that are to be included in the district's automated notification system. Place an 'N' next to phone numbers to be omitted from the notification system.)

Name: _____		Student ID#: _____		Teacher: _____		Homeroom: _____	
Gender: ____		Birth Date: _____		Grade: ____		Phone: _____	
Address: _____				City/State: _____		Zip: _____	
Parent/Guardian: _____				Relation: <u>Father</u>			
Work Phone: _____		Cell: _____		E-mail: _____			
Parent/Guardian: _____				Relation: _____			
Work Phone: _____		Cell: _____		E-mail: _____			
Parent/Guardian in Separate Household: _____				Phone: _____		Relation: _____	
Address: _____				City/State: _____		Zip: _____	
Work Phone: _____		Cell: _____		E-mail: _____			

MUST COMPLETE – LOCAL CONTACT OTHER THAN PARENT AND/OR RELEASE CHILD TO:

Contact: _____	Relation: _____	Phone: _____	Release: <u>YES / NO</u>
Contact: _____	Relation: _____	Phone: _____	Release: <u>YES / NO</u>
Physician: _____		Address: _____	
Special instructions?		Phone: _____	

Is the student's parent(s)/guardian(s) an active duty member of a branch of the United States Armed Forces including full-time National Guard?
 [] Yes [] No

Change(s) made No Change(s) made