

|  |  |
| --- | --- |
| **Emergency Contact #1:** |  |
| Name: |  |
| Relationship to student: |  |
| Home phone: |  |
| Work phone: |  |
| Cell phone: |  |

**EMERGENCY INFORMATION FOR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Medical conditions: |  |
| Allergies: |  |
| Current medications: |  |

|  |  |
| --- | --- |
| Date of birth: |  |

|  |  |
| --- | --- |
| Family doctor: |  |
| Doctor’s phone: |  |
| Insurance Provider: |  |
| Policy Number: |  |

|  |  |
| --- | --- |
| **Emergency Contact #2:** |  |
| Name: |  |
| Relationship to student: |  |
| Home phone: |  |
| Work phone: |  |
| Cell phone: |  |

|  |  |
| --- | --- |
| Does your child have any special dietary requirements? |  |
| Additional information: |  |

|  |  |
| --- | --- |
| **Emergency Contact #3:** |  |
| Name: |  |
| Relationship to student: |  |
| Home phone: |  |
| Work phone: |  |
| Cell phone: |  |

**AUTHORIZATION FOR THE ADMINISTRATION OF  
OVER THE COUNTER MEDICINE**

Please circle which OTC medicine(s) you authorize us to give your child, per label instructions, as needed:

Tylenol Pepto Bismol Advil Dayquil

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
ALLERGIES TO MEDICINE: 🞏 NO 🞏 YES (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT / GUARDIAN AUTHORIZATION**

I hereby request that the above ordered medication be administered by school personnel.

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request that the above medication can be administered by my child’s supervisor at his/her worksite, per label instructions, as needed.

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_