

# EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT 2020-21

(One form per family, to be completed annually by a parent.)

\_\_\_\_\_  
Family Name

Student's first & last name

1. \_\_\_\_\_ Grade: \_\_\_\_\_ 4. \_\_\_\_\_ Grade: \_\_\_\_\_  
2. \_\_\_\_\_ Grade: \_\_\_\_\_ 5. \_\_\_\_\_ Grade: \_\_\_\_\_  
3. \_\_\_\_\_ Grade: \_\_\_\_\_ 6. \_\_\_\_\_ Grade: \_\_\_\_\_

Students live with:  Both Parents  Mother  Father    Legal Custody:  Mother  Father  Joint

Father: \_\_\_\_\_ Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Step-Parent: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Step-Parent: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

IN CASE OF AN EMERGENCY AND A PARENT CANNOT BE REACHED, THE FOLLOWING LOCAL PEOPLE CAN BE CONTACTED TO RESPOND IN THE PARENT'S ABSENCE.

Name	Phone	Relationship
	H: C:	
	H: C:	

If your child(ren) should become seriously ill or injured at school and we are unable to reach you, does SHOJ staff have permission to get your child(ren) emergency care via ambulance?  Y  N

## CONSENT TO ADMINISTER MEDICATION:

School personnel must have parental consent to dispense over the counter medications. I authorize the school nurse or persons designated to administer medication in her absence. All medications (prescription and over the counter) will be maintained in the nurse office and dispensed according to label instructions. All prescription medications MUST be brought in the original pharmacy container and be appropriately labeled. Any school employee who administers any drug to my child(ren) in accordance with instructions shall not be liable for damages as a result of an adverse reaction.

You may give my child(ren) over the counter medications (ibuprofen, acetaminophen, antacid, antibiotic ointment, 1% hydrocortisone cream).

Comments: \_\_\_\_\_

You may not give my child(ren) over the counter medications.

All of the information provided on this form is accurate to the best of my knowledge. I have been given a copy of my FERPA (rights to privacy) that is in the school handbook for this school year 2020-21.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date