SWAMPSCOTT PUBLIC SCHOOLS  
School Health Services

**MEDICAL EMERGENCY INFORMATION**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drug Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt# City Zip Code

**Parent/Guardian Parent/Guardian**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last First Relationship Last First Relationship

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from student: Address if different from student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have medical insurance?

\_\_\_Private \_\_\_ Public (E.g. MA Health, Children’s Medical Security) \_\_\_ No Insurance

Name of Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please contact the school nurse if you need assistance applying for medical insurance)

**Student’s Doctor/Pediatrician**  **Dental Care Provider**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Number Name Phone Number

***In case of severe emergency and I cannot be reached, I give my permission to North Shore Medical Center to render treatment to the above named student. (Ambulance takes emergency cases to North Shore Medical Center only.)***

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

**Permission to treat with Over-The-Counter Medications**

I give permission to the school nurse to administer the following medications to my child according to the established protocols. All medication doses are given according to your child’s age and weight as directed by the standing orders and the medication label.  The School Nurse will attempt to contact a parent/guardian of Students in Pre School and/or Elementary School prior to administration. I have crossed off any products I do not wish my child to receive.

**\*\*Check off each that apply**:

     \_\_\_ **Acetaminophen**- fever over 100/mild to moderate pain/headache relief

\_\_\_ **Ibuprofen** fever over 100/mild to moderate pain/headache relief

\_\_\_ **Calcium Antacid** for relief of acid indigestion or upset stomach

\_\_\_ **Cough Drops** – menthol or other non-medicated for cough or general /throat irritation

\_\_\_ **Diphenhydramine**-mild allergic reaction/hives to unknown allergen

\_\_\_ **Bacitracin ointment**- for cuts, scrapes, etc.

\_\_\_ **Calamine Lotion**- for relief of itchiness from poison ivy, oak or sumac, and insect bites

**\_\_\_ Hydrocortisone Cream 1%** for relief of itching related to minor skin Irritations

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