

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

Name: _____
Last First Relationship
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
Email Address: _____
Address if different from student:

Parent/Guardian

Name: _____
Last First Relationship
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
Email Address: _____
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** _____