



Student Emergency/ Medical Information Form (S-865)

Last Name: _____ First Name: _____ DOB: _____
School: Alexander Adaire School (520) Room: _____ Grade: _____

Home Address: _____ Home phone: _____
Mother: _____ Email: _____ Phone: _____
Father: _____ Email: _____ Phone: _____
Guardian: _____ Email: _____ Phone: _____

Emergency contacts (other than parents) must be local and available for contact:
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

Child's Doctor/Clinic: _____ Phone: _____
Medical Insurance: MA ___ CHIP ___ Private ___
Insurance company name: _____ Policy Number _____

My signature below indicates that I understand the policies and give consent for:
The emergency medical and/or dental care, including administration of emergency medications, which may be necessary to preserve the life of my child or to prevent impairment of their health in the event that time does not permit obtaining my personal consent for such care. I understand that I will be contacted as soon as possible, and will assume responsibility for giving permission for on-going care.
Parent/ Guardian Signature: _____ Date: _____

Please circle below to give permission to the school nurse to give your child medication
Acetaminophen (Tylenol): YES NO Ibuprofen (Motrin): Yes No

Please circle the following if your child:
Wears: Glasses Hearing aid HAS: Seizures Diabetes Asthma ADHD
List Allergies: Food substitutions requires a new order yearly from health care provider:
Other Health Problems:

Does your child take medication? ___ NO ___ YES (please list):

Table with 4 columns: Medication, Dose, Frequency/ Time, Reason

Your signature gives permission for emergency treatment; as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities. I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/ Guardian Signature: _____ Date: _____

OPTIONAL

Non-Aerosol Topical Sunscreen Use at School

Parents/guardians may choose to supply their child with non-aerosol topical sunscreen, if it is approved by the U.S. Food and Drug Administration. In order for a student to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel, the parent/guardian must complete the attestations below.

Parent/Guardian Attestation

- By signing below, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.
- By signing below, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

Parent/Guardian Signature: _____ Date: _____

The school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:

- The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.
- The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school shall provide written notice of the cancellation or restriction to the student's parent/guardian.