

Student Medical Emergency Form Grades 9 - 12

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_
Address \_\_\_\_\_ HomePhone # \_\_\_\_\_

Mother \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Father \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

(For business number, please list a direct line as well as main number if there are both.)

Emergency Contact 1

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

(Not yourself or spouse)

Emergency Contact 2

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Health Insurance Y \_\_\_ N \_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Dental Insurance Y \_\_\_ N \_\_\_

If your child does not have Health Insurance, call 1-877-CT-HUSKY

Medical Information: Please provide current health and medication information necessary for staff to know in the event of an emergency. This information may be shared with EMS personnel if 9-1-1 is called. Such information includes significant allergies (e.g. to nuts or medication), injuries, medical conditions or daily medication that may cause or impact an emergency. Please call the school nurse if you think your child may require an individualized emergency care plan(ECP) or individualized healthcare plan (IHCP) or to discuss confidential health information.

Please notify the school nurse immediately regarding any change in the above information.

Administration of Acetaminophen: Please indicate below if you give the school nurse permission to administer acetaminophen (generic Tylenol) to your child for common cold, dysmenorrhea, ear ache, headache, sore muscles, tooth ache, fever according to the Standing Orders of the school medical advisor and professional judgment of the school nurse. The Standing Orders allow the administration of up to four (4) doses per month in high school. However, for more than four doses per month and for all field trips, administration of acetaminophen will require the written order of an authorized prescriber (e.g., your child's physician) and a parent/guardian's permission documented on the district's standard medication authorization form.

Yes \_\_\_ No \_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event of a medical emergency, as determined by the school nurse or other responsible staff member, it is the policy of the New Milford Board of Education to call 9-1-1 immediately for EMS assistance and transport to the nearest approved medical facility. Other emergency interventions, as ordered by the school medical advisor (e.g. administration of Epi Pen for an anaphylactic reaction) or as specified in a student's IECF/IHCP, will be implemented in the interim, as appropriate. School personnel will attempt to reach you and/or your child's doctor at the number(s) provided by you. Your child will receive medical treatment necessary to sustain life and stabilize his/her condition, as determined by the medical facility. Any further treatment must be authorized specifically by you or the person(s) designated by you.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_