

**Jersey Shore Area School District
Authorization for First Aid/Emergency Care**

Date _____ Grade _____ Homeroom _____ Birth Date _____

Student Name _____ Phone _____
Last First Middle

Home Address _____ Email _____

Mother's Name _____ Work Place _____ Wk# _____

Cell# _____

Father's Name _____ Work Place _____ Wk# _____

Cell# _____

Child lives with: (please circle) Both Parents Father Mother Guardian Other _____

If school is unable to reach either of the above, please list 2 relatives or friends who you give the authority to advise and/or pick up your child if sick or injured:

Name/Relationship _____ Address _____ Phone _____

Name/Relationship _____ Address _____ Phone _____

First Person to Contact _____

EMERGENCY TREATMENT

List any conditions your child may have, of which the school nurse should be aware: (Ex. Asthma, Seizure Disorder, Depression, Allergies, etc.)

BEE STING REACTION:

Does your child have an allergy to bees which requires emergency medication? Yes No

If yes, please list medication used when stung: _____

PERMISSION TO EXCHANGE INFORMATION:

My child's health and/or medical information may be shared with school staff as needed so that in an emergency the staff can act in the best interest of my child.

Signature Parent/Guardian

EMERGENCY TREATMENT:

If emergency treatment is required, the school authorities will use their judgment in sending the child to the nearest hospital

Acetaminophen (Tylenol), Ibuprofen (Advil), Antacid (Tums):

Non-prescription medications that may be given in a non-emergency situation are Ibuprofen (Such as Advil®/Motrin®), Acetaminophen (such as Tylenol®), Antacids (such as Tums®) in accordance with the treatment protocol established by the school physician. Acetaminophen/Ibuprofen dosage is based on age and weight of the child. When health situations arise for administering these medications **and** the parent/guardian have signed the permission below for their administration, these will be offered to students. The authorization will be in effect the current school year unless revoked by the parents/guardian in writing to the School Nurse.

Tylenol/Advil/Tums need to be supplied by the parent/guardian if taking often OR if Children's dosage (liquid/chewable) is needed.

I agree that the District and its employees are not to be held liable for giving medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Jersey Shore Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action which may be brought against the District or its employees in connection with giving such medicine.

Signature Parent/Guardian