

Student Emergency Treatment Form

PLEASE PRINT NEATLY AND CLEARLY

Full Name of Child: _____
(Last) (First) (Middle)

Address: _____

Date of Birth: _____ Age: _____
(Month) (Day) (Year)

Date of Last Tetanus Shot: _____

Chronic Medical Problems or Allergies: _____

Medications taken on-going Basis: _____

Family Doctor: _____ Telephone: _____

Parent or Guardian Information

Father: _____

Phone Numbers

Work: _____

Cell: _____

Mother: _____

Phone Numbers

Work: _____

Cell: _____

AUTHORIZATION BY PARENT OR GAUDIEN TO PROVIDE MEDICAL CARE FOR MINOR CHILD

Full Name of Child: _____
(Last) (First) (Middle)

Full Name of Father: _____

Full Name of Mother: _____

In the event of sickness or accident, the sponsors and/or chaperones are granted the permission to seek and any and all-medical attention for the above name child. Also, I grant the permission to give any and/or all needed medical care and treatment to the child to any medical facility and/or physician that are licensed to provide this care and approved by the sponsor and/or chaperone. This permission is granted in the absence of me/us as the parent or guardian of the minor child.

Signature Parent/Guardian

Father: _____

Address: _____ Phone: _____

Mother: _____

Address: _____ Phone: _____

At times, students require minor medical attention. Please complete the following items.

- My child gets motion sickness Yes No

- My child needs an inhaler Yes No

I give sponsors/chaperones permission to give my child the following

- Tylenol Yes No
- Diarrhea Medication Yes No
 - **Imodium-D**
- Motion Sickness Medication Yes No
 - **Dramamine**
- Upset stomach Medication Yes No
 - **Pepto Bismol**

LIST ANY BRAND NAME MEDICATIONS YOUR CHILD CAN NOT TAKE

1. _____
2. _____
3. _____
4. _____

I understand that I will provide all prescription medication. I will also provide nonprescription medication that must be taken on a daily basis

The medication must be:

- Placed in a small zip lock bag
- On a small index card put the child's name, medication and clear instructions
- Tape this to the inside of the bag
- Medication must be in the original bottle/container