

Ware Public Schools—Health Services

School Year 201 – 201

Student Information

Name _____ Date of Birth _____ Male / Female
Last First (circle one)

Street Address _____ Town _____

Mailing Address (if diff) _____ Home phone (_____) _____

Preferred Primary Contact for All School Health Matters

(MUST be parent/guardian with actual physical custody)

Name _____ Daytime location _____

Relation _____ phone # (_____) _____

Alternate / Cell # (_____) _____

Secondary Contact for Urgent School Health Matters

(Responsible ADULT able to bring student home or to a hospital or physician's office for medical attention)

Name _____ Daytime location _____

Relation _____ phone # (_____) _____

Alternate / Cell # (_____) _____

I understand school personnel will contact me in case my child is seriously ill or injured. In an emergency, school personnel may arrange for my child to be transported to a hospital for medical care not available at the school. Regardless of age over or under 18, my child will not be dismissed alone (or with an emergency contact) without my specific consent for any non-emergent reasons.

Parent/Guardian signature _____ Date _____

Please contact the School Nurse if there are any changes to the student's information during the course of the school year.

SIGN BELOW FOR THIS STUDENT TO RECEIVE OVER-THE-COUNTER (OTC) MEDICATIONS AT SCHOOL.

I give permission for the School Nurse to administer the following medications as necessary (call Nurse for specific concerns):

FOR PAIN/DISCOMFORT Acetaminophen (i.e. Tylenol) Ibuprofen (i.e. Advil/Motrin)
(These medications may also be given for fever over 101 F if dismissal will be delayed and student is very uncomfortable.)

FOR SORE THROAT/COUGH Throat lozenges FOR WOUNDS Antiseptic Liquid (i.e. Bactine)

FOR SKIN Cooling Burn Cream or Gel Calamine Lotion Caladryl Lotion Hydrocortisone Cream

FOR UPSET STOMACH Antacid/Anti-Gas (i.e. TUMS/Mylanta) FOR GUM/TOOTH PAIN Anbesol

I understand the School Nurse may decline to administer an OTC medication if, in his / her judgment, other relief measures should be attempted first or if further medical evaluation may be needed for the symptoms. I also understand, by MA General Laws, oral OTC medications CANNOT be given by ANY school personnel except a School Nurse regardless of parent request or consent.

Parent/Guardian signature _____ Date _____

COMPLETE HEALTH INFORMATION ON BACK OF FORM