LEMPSTER COMMUNITY SCHOOL EMERGENCY/MEDICAL INFORMATION

Student:_____Grade_____Birth Date_____

Street Address:_____

Mailing Address(if different from above)_____

Student resides with: (Circle)Parent Mother Father Guardian

Mother_____ Email:_____

Best number to reach you during the school day:_____

Father_____Email:_____

Best number to reach you during the school day:_____

Step Parent/Guardian_____ Email:_____

Best number to reach you during the school day:_____

In case of emergency, illness or accident to the student: Names of people who may be contacted to assume responsibility for further action in case the school cannot reach parent or guardian.

1._____Daytime phone:_____

2._____Daytime phone:_____

Does your child HAVE?

Asthma	☐ Yes ☐ No Inhaler ☐ Yes	ADHD/ADD	☐ Yes ☐ No
Seizures	☐ Yes ☐ No	Behavioral Concerns	☐ Yes ☐ No
Diabetes	☐ Yes ☐ No	Toileting Issues	☐ Yes ☐ No
Heart condition	☐ Yes ☐ No	Other: please explain	☐ Yes ☐ No

Please explain any conditions with a yes: _____

_____

Is the student on daily medication? **Yes**_____ **No**_____

If yes, list mediation dose and time taken:_____

Hearing or vision problems?_____(Glasses, contacts, hearing aids)

List known allergies: (medications, food, insects, environment)_____

_____

Allergy symptoms or reactions:_____

Allergy medication taken:_____Requires an EpiPen ☐ Yes ☐ No

Doctor_____Phone_____Dentist_____Phone_____

OVER THE COUNTER MEDICATIONS--NO MEDICATION CAN BE GIVEN WITHOUT THIS PERMISSION
Please check off which medications can be dispensed to your child in the nurse's office.

Cough drop____ Calamine Lotion____ Antacid Tablets_____ Benadryl____

Bacitracin Ointment___ Ibuprofen____ Acetaminophen____ Hydrocortisone Cream_____

Parent/Guardian Signature_____**Date**_____

Please Fill out other Side

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Should the need arise, may the nurse contact your physician to discuss your child's medication, immunizations, or health issues?**(circle one) Yes No**

Lions Club vision screening to be performed annually with school nurse following NH State requirements. Lions Club test consist of an instant scan (like a photograph) of your child's eyes to determine the possible presence of eye disorders. No physical contact is made with your child and eye drops are not used. The child simply looks at some blinking lights for about a second. I give my permission. **(circle one) Yes No**

Permission is hereby given to Lempster Community School to proceed with any necessary and prudent first aid for the protection and health of my child. In the event of serious illness or injury, I give permission to Lempster Community School to transport my child via ambulance to the nearest hospital and release pertinent information. I understand that every reasonable attempt will be made to contact me.

(circle one) Yes NO

Over The counter Medication

Over the counter medications brought in for you child must be in their original container with a note from the parent, phone call or discussion with the nurse. Per NH law, students are not allowed to carry medications, except for those requiring an Epi-pen or inhaler with a physician order (this is an annual requirement).

Prescription Medication

If your child needs to have prescription medication given during school, a dated doctor's order with MD/ARNP signature is required annually. Please request a prescription medication authorization form from the school or print one off from the school website.

I understand it is my responsibility to inform the school nurse should there be a change in my child's medical status or development of an allergy. I also understand that for the health and safety of my child, the school nurse may need to share pertinent medical information on a need-to-know with appropriate school personnel as per FERPA dictates.

Parent/Guardian Signature_____ **Date**_____

Please Fill out other Side