

EMERGENCY MEDICAL INFORMATION
FOR SCHOOL NURSE
(CONFIDENTIAL)

Name: _____ Grade/Class Section: _____

Allergies (food/medicine/insects): _____

Type of Reaction: _____

Treatment given: _____

List any medications taken on a daily basis: _____

List any medication (including emergency medication) your child may need to take at school: _____

Initial which medications the school nurse may administer to your child:

_____ Tylenol _____ Ibuprofen _____ Tums

Note other health conditions (e.g. seizures, asthma): _____

Summer Update: Please note any change in health status (illness, accident, hospitalization): _____

List any additional immunizations: _____

(Please send documentation)

I GIVE THE NURSE PERMISSION TO SHARE MY CHILD'S HEALTH INFORMATION WITH APPROPRIATE PERSONNEL AS NEEDED.

Parent/Guardian Signature

Date