

Groton-Dunstable Regional School District
Nurse's Office Emergency Card
 2009-2010 School Year

STUDENT INFORMATION

Last Name	First	Middle
GRADE/YOG	DOB	BUS #
Parent # 1 Child lives with Y N	Parent # 2 Child lives with Y N	
Home Phone	Home Phone	
Work Phone	Work Phone	
Cell/Pager	Cell/Pager	
E-Mail	E-Mail	

If a court order exists prohibiting contact between your child and a specific person(s), please list the name of that person(s) and provide the nurse with a copy of the court order:

ALTERNATE EMERGENCY CONTACTS

Name	Name
Home Phone	Home Phone
Work phone	Work Phone
Cell/Pager	Cell/Pager

STUDENT MEDICAL INFORMATION

Does your child have any of the following? (check all that apply)

<input type="checkbox"/> Sting allergy	Has your child's healthcare provider prescribed an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Food allergy – please list:	Has your child's healthcare provider prescribed an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other allergy – please list:	Has your child's healthcare provider prescribed an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asthma – please list medication(s) student is taking:	

Other health concerns:

Please list any other medications that your child takes regularly at home and/or school:

Does your child have health insurance? Yes No

Child's Primary Care Provider: _____ **Phone:** _____

Child's Dentist: _____ **Phone:** _____

PARENTAL CONSENT

Please note: Written parental consent required for all medications (prescriptions and over the counter). They must be in the original container and will be kept in the nurse's office. Students cannot carry medications other than emergency medication pre-approved by nurse. Students are not allowed to transport medicines on the bus.

Your signature below authorizes the school nurse administer the following medications to your child as indicated by the school medication protocols. **After 10 doses have been administered, a physician's order will be required.** Ibuprofen and acetaminophen can be administered from nurse's office supply.

Acetaminophen: Yes No

Ibuprofen: Yes No

Parent/Guardian signature: _____ **Date:** _____