

EMERGENCY MEDICAL AUTHORIZATION & PERMISSION TO MEDICATE

*****PLEASE FILL OUT BOTH SIDES*****

Residential Parent or Guardian:

In case of illness or emergency to the above named student, the school is authorized to contact individuals listed below and release the student to him/her. Please number each person 1,2,3 in preferred contact order.

Mother's Name: _____ Phone: _____ (cell / home) Workplace: _____ Phone: _____

Father's Name: _____ Phone: _____ (cell / home) Workplace: _____ Phone: _____

Guardian: _____ Phone: _____ (cell / home) Workplace: _____ Phone: _____

Emergency Contact after Reasonable Attempts to Contact Parent/Guardian are Unsuccessful:

Please number each person 1,2,3 in preferred contact order.

<u>Name</u>	<u>Contact Type/Relation</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____

MEDICAL INFORMATION:

<u>Medical Condition</u>	<u>Treatment</u>
_____	_____

Allergies

Medications

PART I OR II MUST BE COMPLETED

Purpose- To enable parents/guardians the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Part 1: TO GRANT CONSENT

I hereby give consent to the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital of choice: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1.) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2.) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained before surgery is performed.

Part 2: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

**Permission to Medicate Form
2020-2021**

This form serves as documentation for which over-the-counter medications/treatments may be administered to each student. You must mark yes or no for each individual medication.

As the parent/legal guardian of _____, a student at St. Michael School, I grant permission to the school nurse, secretary, principal, asst. principal and or his/her delegate to give the following medications to my child at his/her discretion:

DOSE WILL BE BASED ON WEIGHT AND AGE

- | | | |
|---|-----------|----------|
| Tylenol/Acetaminophen 500 mg | yes _____ | no _____ |
| Tylenol/Acetaminophen Jr. 180 mg (Equate) | yes _____ | no _____ |
| Ibuprofen/Motrin 200mg | yes _____ | no _____ |
| Ibuprofen Jr. 100mg | yes _____ | no _____ |
| Antibiotic Ointment (Neosporin) | yes _____ | no _____ |
| Benadryl 25 mg | yes _____ | no _____ |
| Children's Benadryl 12.5 mg | yes _____ | no _____ |
| Benadryl gel (Itching) | yes _____ | no _____ |
| Hydrocortisone (anti-itch) | yes _____ | no _____ |
| Antacid (Tums) | yes _____ | no _____ |
| Revive plus eye lubricant (eye drops) | yes _____ | no _____ |
| Throat/Cough Drops | yes _____ | no _____ |
| Canker sore topical (Zilactin B, Orajel) | yes _____ | no _____ |
| Aloe Vera gel (sun burn) | yes _____ | no _____ |
| Sunscreen | yes _____ | no _____ |

By granting permission, I am releasing St. Michael School, nurse, principal, secretary and his/her delegate from any and all liability for civil damages arising out of or from the administration or the failure to administer the medications listed above. I further understand that this permission continues in place until I provide any written changes to the school nurse.

Date

Parent/legal guardian signature

Daytime phone number

Address of parent/legal guardian

Each student must have a form on file with school nurse.