

Alexander Adaire Elementary School

As the school nurse at Adaire, I would like to know about your child's health condition. ***Please complete and return*** this form to the nurse. If your child requires medication during school, please contact me. Students **ARE NOT** permitted to bring medications to school without written permission from the parent, doctor, and the approval of the school nurse. This includes asthma inhalers and over the counter medications. Thank you for your assistance, and please feel free to contact me at 215-400-7480 with concerns.

Mrs. Amy Dougherty, MSN, RN, CSN

Student Emergency/ Medical Information

Last Name: _____ First Name: _____
Room: _____ Grade: _____

Home Address: _____ Home Phone: _____
Mother: _____ Email: _____ Phone: _____
Father: _____ Email: _____ Phone: _____
Guardian: _____ Email: _____ Phone: _____

Emergency Contacts (other than parents) must be local and available for contact:
#1: _____ Phone: _____
#2: _____ Phone: _____

Child's Doctor/ Clinic: _____ Phone: _____
Medical Insurance: MA ___ CHIP ___ Private ___
Insurance Company Name: _____ Policy Number: _____

PLEASE Circle below to give permission to the school nurse to give your child medication

Acetaminophen (Tylenol) YES NO
Ibuprofen (Advil, Motrin) YES NO

Please CIRCLE the following if your child:

Wears: Glasses Hearing Aid Has: Seizures Diabetes Asthma ADHD
List Allergies: Food substitution requires a new order yearly from a health care provider:

Other Health Problems:

Does your child take medication? ___NO ___YES (Please list)

Medication	Dose	Frequency/Time	Reason

Your signature gives permission for emergency treatment; as well as for SDP School Nurse to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities. I authorize the school nurse to communicate with my child's healthcare provider and my healthcare provider to reply as needed regarding my child's care.

Parent/ Guardian Signature: _____ Date: _____

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OPTIONAL

Non-Aerosol Topical Sunscreen Use at School

Parents/guardians may choose to supply their child with non-aerosol topical sunscreen, if it is approved by the U.S. Food and Drug Administration. In order for a student to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel, the parent/guardian must complete the attestations below.

Parent/Guardian Attestation

- By signing below, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.
- By signing below, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

Parent/Guardian Signature: _____ Date: _____

The school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:

- The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.
- The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school shall provide written notice of the cancellation or restriction to the student's parent/guardian.