



# THE SCHOOL DISTRICT OF PHILADELPHIA

## Student Emergency /Medical Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Room/Sec: \_\_\_\_\_ 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:**

Name and Relationship to child	Phone
1. _____	_____
2. _____	_____

Childs Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Medical Insurance:** MA \_\_\_ CHIP \_\_\_ Private \_\_\_  
 Insurance company name: \_\_\_\_\_ Policy Number \_\_\_\_\_

<p><b>Please circle below to give permission to the school nurse to give your child medication.</b></p> <table border="1"> <tr> <td>Acetaminophen(Tylenol)</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Ibuprofen (Motrin)</td> <td>Yes</td> <td>No</td> </tr> </table>	Acetaminophen(Tylenol)	Yes	No	Ibuprofen (Motrin)	Yes	No	<p>Please <b>CIRCLE</b> the following if your child:</p> <p>Wears: Glasses      Hearing aid          Has: Seizures    Diabetes    Asthma    ADHD</p> <p><b>List Allergies:</b> Food substitution requires a new order yearly from a health care provider: _____</p> <p><b>Other Health Problems:</b> _____</p>
Acetaminophen(Tylenol)	Yes	No					
Ibuprofen (Motrin)	Yes	No					

**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 Nurses 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 health care provider and my health care provider to reply as needed regarding my child's care.



Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised S-865 (06/2019)

**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 cancelation or restriction to the student's parent/guardian.