

**PLEASE PRINT CLEARLY**

**STUDENT HEALTH AND EMERGENCY  
INFORMATION PLEASE COMPLETE BOTH SIDES**

School \_\_\_\_\_

Teacher/Homeroom/Grade \_\_\_\_\_

Complete the following information and return to school immediately. Contact school nurse if assistance is needed to complete form.

Student's Name \_\_\_\_\_ Address \_\_\_\_\_

Last / First

Home Phone (\_\_\_\_) \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

Does your child have health insurance \_\_\_\_ Yes \_\_\_\_ No Primary Language \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

If you don't have health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.

**(Please list phone # in priority order of contact ie., #1, #2, #3)**

•Parent/Guardian/Other \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Pager/cell (\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

•Parent/Guardian/Other \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ Pager/cell (\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Name & school of siblings in Natick Public School

*In the event of an emergency or a school lockdown, your child will only be released to parent/guardian or people listed below.*

***Please indicate contacts that have permission to dismiss by checking the box.***

Name <input type="checkbox"/>	Name <input type="checkbox"/>	Name <input type="checkbox"/>
Relationship	Relationship	Relationship
Contact phone	Contact phone	Contact phone

*In case of emergency, the school will attempt to contact parent/guardian before calling student's primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if necessary.*

Physician Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school and/or emergency medical personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

✓ Signature \_\_\_\_\_ Date \_\_\_\_\_

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## HEALTH HISTORY

Please list all medications that your child takes: \_\_\_\_\_

\_\_\_\_\_

Please check all that apply to your child:

Heart condition     Diabetes     Asthma     Seizure Disorder     ADD/ADHD     Migraines     Depression

Other (specify) \_\_\_\_\_

Allergies (food, insects, medication, environment - specify) \_\_\_\_\_

Hearing problems (specify)    left ear \_\_\_\_\_    right ear \_\_\_\_\_    hearing aids \_\_\_\_\_

Vision problems (specify)    wears glasses \_\_\_\_\_    contact lenses \_\_\_\_\_

Preferential seating (specify) \_\_\_\_\_

## ACETAMINOPHEN (generic Tylenol) PROTOCOL / PERMISSION

1. Acetaminophen will only be given with the signed permission of the parent/guardian.  
***Telephone permission is NOT ACCEPTED.***
2. After the nurse assesses the student, acetaminophen will only be given for minor discomfort such as; occasional headache, menstrual cramps or orthodontic braces. IT WILL NOT BE GIVEN FOR AN ELEVATED TEMPERATURE OR PAIN OF A SERIOUS NATURE.
3. Acetaminophen will only be given once during the school day.
4. The nurse will:
  - a. Assess the student's condition and evaluate the need for medication.
  - b. Review the permission slip.
  - c. From preschool - Grade 4 the nurse will CALL the parent/guardian. If unable to reach parent/guardian and 4 hours have elapsed since school started, Acetaminophen will be given.
  - d. At the middle and high school level, Acetaminophen will be given at the nurse's discretion.
  - e. Acetaminophen will be given according to the guidelines established by the school physician.

Please check one:

- I **give permission** for \_\_\_\_\_ to receive Acetaminophen one time during the school day. (Student's name)
- I **do not give permission** for \_\_\_\_\_ to receive Acetaminophen one time during the school day. (Student's name)

✓

\_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
Date)

I WILL NOTIFY THE SCHOOL NURSE IF THERE ARE ANY CHANGES IN THE EMERGENCY FORM.

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