

Northampton Public Schools
Health Services Department
380 Elm Street, Northampton, MA 01060
587-1364

EMERGENCY/HEALTH FORM

Please complete this Emergency/Health Form and return to the school immediately. If some of the information changes during the school year, please inform the School Nurse.

Student's Name _____
last first middle initial DATE OF BIRTH

Gender: M / F _____ Grade: _____ Homeroom # _____ Phone: _____

Address: _____
Street City/Town Zip Code

Parent/Guardian Information:

Is this a:
New Address yes no
New Phone yes no

Contact first

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Contact second

Name: _____ Relationship: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Names of others who will assume responsibility or provide transportation if parent is unable to be reached in an emergency:

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Names of siblings in school system: _____ School: _____

In case of an emergency: the school will attempt to contact parent/guardian before calling student's primary care provider. If necessary, your child will be transported by ambulance to an emergency care facility.

- I give permission for the school nurse to share information relevant to my child's health condition with appropriate school personal when needed to meet my child's health and safety needs while here at school.
- I give permission for the school nurse to share relevant health information with my child's health care providers for referral, diagnosis or treatment, for this school year.
- In the event of an emergency, I give permission to the hospital or physician to provide emergency care for my child.

Signature of parent/guardian _____ date _____

Signature of parent/guardian _____ date _____

← **CONTINUES ON OTHER SIDE** →

Student last name, first

Primary Care Provider: _____ Phone # _____

Dentist/Orthodontist: _____ Phone # _____

Please list all medications taken by student: _____

Health Conditions: _____

Does your child have asthma? **YES NO**

Does your child use an inhaler for asthma? **YES NO** Which kind? (circle) **Flovent Albuterol Xopenex Other** _____
If so, one should be provided to the health office with doctor's order and parental permission.

Does your child have any **life** threatening allergies? **YES NO**

If so; to what? _____

Does your child have an epi-pen? **YES NO** *If so, one should be provided to the health office with doctor's order and parental permission.*

Other allergies: (Please list):

Food _____ Medication _____ Other _____

Has your child had a significant illness or injury in the past 12 months? _____

Health Insurance: Private _____ MA Health _____ None _____

OVER THE COUNTER MEDICATION PERMISSION FORM

I give permission for the school nurse or substitute nurse to administer the following over the counter products to (student): _____ according to protocols established by the school physician, Dr. Johanson.

Aloe: for soothing of discomfort from minor burns.

Bactine: used for cleansing minor wounds and piercings.

Calamine lotion: used for the relief of itching due to insect bites and poisonous plants or minor rashes.

Ophthalmic saline solution: used for the rinsing of the eye or contact lenses.

Hydrogen Peroxide: 1/2 strength-used for cleaning of deep and/or heavily contaminated wounds.

Alcohol Free mouthwash: used for rinsing of oral piercings.

Any fragrance free hand lotion

Benzocaine: oral topical anesthetic, used for minor gum pain or dental pain.

Sunscreen (any brand) SPF 45 or greater: for use to prevent sunburn during outdoor activities held during school hours.

I have crossed out any products I do not want given. I understand that I may call the school nurse for further information. To the best of my knowledge, my child has no allergy/sensitivity to any of the above named products. **This form must be renewed every year.**

All other medications require a written doctor's order and a written parental permission. Please contact the school nurse for additional information and the proper forms.

Parent/Guardian's signature _____ Date _____