

Medical Emergency 2020-2021

Student: _____ Teacher: _____ Grade: _____
Physician _____ Dr Office # _____ Height _____ Weight _____
Allergies _____ Type of reaction _____
Home # _____ Cell # _____ Work # _____

PLEASE CHECK THE FOLLOWING CONDITIONS THAT APPLY TO YOUR CHILD AND PROVIDE DETAILS BELOW

<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Frequent Nose Bleeds	<input type="checkbox"/> Asthma
<input type="checkbox"/> Ear Tubes	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Eczema
<input type="checkbox"/> Wears Glasses/ Contacts	<input type="checkbox"/> ADD/ ADHD	<input type="checkbox"/> Other (Comment Below)

Comments _____

PLEASE CHECK THE MEDICATIONS THAT CAN BE ADMINISTERED TO YOUR CHILD WHILE AT SCHOOL

<input type="checkbox"/> Tylenol pediatric dose	<input type="checkbox"/> Tylenol 325 mg tab x 1	<input type="checkbox"/> Tylenol 325 mg tab x 2
<input type="checkbox"/> Ibuprofen pediatric dose	<input type="checkbox"/> Ibuprofen 200 mg tab x 1	<input type="checkbox"/> Ibuprofen 200 mg tab x 2
<input type="checkbox"/> Benadryl pediatric dose	<input type="checkbox"/> Benadryl 12.5 mg tab x 1	<input type="checkbox"/> Benadryl 12.5 mg tab x 2
<input type="checkbox"/> Children's Pepto Bismol	<input type="checkbox"/> Tums x 1	<input type="checkbox"/> Cough Drops
<input type="checkbox"/> Hydrocortisone Cream	<input type="checkbox"/> Neosporin Ointment	<input type="checkbox"/> Midol tab x 2

Is your child on daily medication? Yes No Name/ Dosage _____

Will your child need regular medication at school? Yes No

Medication to be given at school _____

PHYSICAL EDUCATION My child may participate in all physical activities at St. Luke's Yes No If NO, a written statement of explanation from your physician is required.

*I authorize St. Luke's School to take whatever emergency medical measures that are deemed necessary for the care and protection of my child. I understand that this may involve transporting my child to our doctor or contacting EMS for assistance and possible transport to a hospital.

Date _____ Parent Signature _____