

Student's Name _____ Date of Birth _____ Teacher _____

Home address _____

Child lives with Both parents Mother Father Guardian

Mother's name

Father's name

Guardian's name

Mother's Home

Father's Home

Guardian's Home

Mother's Cell

Father's Cell

Guardian's Cell

Mother's Work

Father's Work

Guardian's Work

Local friend/relative to call in emergency when parent/guardian cannot be contacted:

Name: _____ Phone: _____

CHILD'S FAMILY PHYSICIAN: _____ Phone: _____

CHILD'S DENTIST: _____ Phone: _____

I give permission for the staff of the IU #24 to transport or make arrangements to transport my child to emergency medical care and to sign permission for medical treatment declared immediately necessary by the physician, in the event that persons listed above cannot be contacted. In an emergency, if possible, please transport my child to _____ hospital.

I give my permission for Acetaminophen (generic Tylenol) to be given to my child Yes _____ No _____

I give my permission for Benadryl (for allergic reactions) Yes _____ No _____

I give my permission for Mylanta or generic brand antacid to be given to my child Yes _____ No _____

Parent/Guardian Signature _____ Date _____

Please complete the following information so the staff can meet any special needs of your child.

(Use back of this form if additional space is needed)

List all current health conditions _____

List all current medications taken _____

Is your child allergic to any foods, plants, insects or medications?

(Circle one)
No Yes

Please list / describe type of reaction _____

Has your child had any convulsions or seizures in the past year?

No Yes

How many? _____ How often? _____ When was the last seizure? _____

Type of treatment received _____

Does your child need a special diet or have any problems chewing food?

No Yes

If yes, please explain _____

IF YOUR CHILD IS TAKING MEDICATION UNDER DOCTOR'S ORDERS AND IT IS TO BE GIVEN DURING THE SCHOOL DAY, PLEASE DO THE FOLLOWING: Bring the medication to the school nurse or give it to the bus driver in a **sealed envelope**. The bus driver will forward the medication to the appropriate school personnel. Send the **doctor's written order** in with the medication in the **original container** from the pharmacy along with **written parental consent**. Notify the nurse, **in writing**, of any change in medication and send the doctor's order with any new medications or medication changes.

Return Form To: The Nursing Staff, CCDC, 1525 E. Lincoln Hwy Coatesville, PA. 19320. A copy will be provided to the classroom teacher. If you have any questions, please call 610-383-7400.