

HEALTH INFORMATION

FAMILY NAME _____

Physician _____ Phone _____

Address _____

Does your child(ren) have any medical problems or allergies?

We will have hearing and vision screenings during 2nd Semester. Do you want your child(ren) screened?

Hearing: Yes No

Vision: Yes No

RELEASE FOR EMERGENCY MEDICAL TREATMENT

I (we) the parent(s) of _____,
a student at Elyria Christian School, hereby authorize the school staff to perform or procure whatever emergency medical treatment is deemed necessary for the assistance of my child(ren). This may include transportation to a local hospital or summoning emergency medical help to the school premises. Although every effort will be made to contact me as soon as possible, I agree that the above emergency measures may be performed prior to my knowledge and that I assume full responsibility for any financial liability thereof.

_____ Date _____ Signature of Parent or Guardian

REQUEST FOR MEDICATION TO BE ADMINISTERED AT SCHOOL

NAME OF STUDENT(S) _____

GRADE _____ TEACHER _____

PRESCRIPTION MEDICATION:

NAME OF RX _____

DOSAGE _____ REASON FOR RX _____

DATE MEDICATION STARTED _____ TIME OF DAY _____

SIDE EFFECTS _____

NONPRESCRIPTION MEDICATION:

(Circle any medications your child may take at school.)

TYLENOL IBUPROFEN TUMS

I hereby DO / DO NOT (Circle one) give my permission for _____ to take the above medication(s) at school as noted above or as directed on the bottle to my/our child. I understand that it is my responsibility to furnish prescription medications. I further understand that any school employee who administers any drug to my child/student in accordance with written instructions from the physician, dentist or myself shall not be liable for damages as a result of an adverse drug reaction suffered by my child/student because of administering such drug.

Date _____ PARENT SIGNATURE _____

NOTE: Prescription medications are to be brought to school in the original container appropriately labeled by the pharmacy or physician, stating the name of medication, dosage and number of days to be administered at school. Distribution of medications will be logged.