



**HEMPFIELD AREA**  
**SCHOOL DISTRICT**  
 Emergency Cards

DISTRICT USE ONLY - HR: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  M  F Custody:  Yes  No Bus#: AM \_\_\_ PM \_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**Family 1** Same home address as student?  Yes  No

Member 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Member 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Family 2** Same home address as student?  Yes  No

Member 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Member 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Is there a custody agreement pertaining to this child?  Yes  No

If Yes, is the current custody agreement on file at the school?  Yes  No

**\*\*Please Note: Current custody agreements MUST be on file at the school in order to be enforced.\*\***

Special Custody Considerations: \_\_\_\_\_

**EMERGENCY CONTACTS: (In the event that those individuals listed above cannot be reached)**

**\*\*Please note: Do NOT list parents/guardians; also, please be advised that individuals who are listed as emergency contacts MUST be able to transport the student.**

1) Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2) Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Alert Information**

Medical Conditions: \_\_\_\_\_

Other existing conditions: \_\_\_\_\_

My child is on medication for: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Required during school hours:  Yes  No

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read the attached standing orders for my first aid and student care to be followed by the school nurse, assistant school nurse, or designated school personnel.

1.  I approve for my child
2.  I do not approve for my child
3.  I approve for my child with these exceptions \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**HEMPFIELD AREA SCHOOL DISTRICT  
POLICY REGULATING ADMINISTRATION OF MEDICATIONS AND  
TREATMENTS BY SCHOOL NURSE**

**STANDING ORDERS FOR FIRST AID AND STUDENT CARE  
2019-2020 SCHOOL YEAR**

PROBLEM (Condition)	TREATMENT
<b>Parents will be notified if their child requires medication or ambulance transport to a hospital</b>	
Minor Sore Throat	Warm saline gargle, 1/2 tsp of salt per. 8 ounces of water
<u>Burns:</u> First degree, minor second degree	Bacitracin ointment or Bacitracin Zinc, apply topically
<u>Skin:</u> Irritation: poison ivy, mosquito bites, etc.  Abrasions, minor lacerations  Dry skin	*Calamine, apply topically to affected area *Clear Caladryl, apply topically to affected area  Bacitracin ointment, apply topically, sterile dry dressing after cleansing with Dial antibacterial soap – hydrogen peroxide  Vaseline Intensive Care Lotion, apply topically to affected area Eucerin, apply topically to affected area
<u>Mouth:</u> Toothache/Pain  Chapped lips	Orajel or Orastat with benzocaine, apply to affected area  Vaseline
<u>Eye Irritation:</u> Soft contact lenses	Water irrigation Saline Solution for rinsing soft lenses
<u>Allergic reaction:</u> Localized reaction to insect sting, food, or medication	*Sting-Kill swabs, apply topically to sting sites *Benadryl orally (age/weight appropriate dose)
Systemic Reaction	Epipen/Epipen Jr - following directions. Epipen Jr if wt. < 70 lb. Transport to hospital via ambulance
<u>Infectious Process:</u> Temperature (oral) >= 102.5 F. Parent will be requested to take student home.	*Tylenol—orally—every 4-6 hours 36 – 47 lbs. 240 mg. 48 – 59 lbs. 320 mg. 60 - 71 lbs. 400 mg. 72 – 95 lbs. 480 mg. 96 lbs and over 650 mg.
Suspected Drug Overdose	Naloxone nasal spray or auto injector

The above standing orders are in addition to treatment as outlined by American Heart Association First Aid. If symptoms persist, physician follow-up is suggested.

\*Generic equivalent may be used.


  
 Dr. James Masterson, 724-689-1070      Date 7/1/19  
 School Physician for Hempfield Area School District