

Parental Notification and Authorization

In accordance with Federal Education Rights and Privacy Act (FERPA), a student's health records maintained by the District and/or its school nurses are "educational records" subject to FERPA and the privacy protections under it. The information you provide on this form will be placed in the District's electronic Student Information System (SIS) which is secure and you know as "Tyler."

The District has determined that it has a legitimate educational interest to disclose to teaching staff and other school officials who come into contact with your child the medical information which you provide about your child. Accordingly, this disclosure includes the placement of this medical information on the student's building Health Alert List, which is prepared by the school nurse and distributed to teachers and other building staff. A copy of this list is also placed in each teacher's emergency bag in the event of a drill, evacuation or other emergency situation. Instructions are given to see that all information remains protected.

MEDICATION ADMINISTRATION

Please be aware that if a child needs to take medication at school, medication forms must be filled out and on file in the health room. Medication will not be administered without the necessary forms returned to the school nurse.

- * ALL MEDICATION MUST BE TRANSPORTED TO AND FROM SCHOOL BY PARENT/GUARDIAN.**
- * All PRESCRIPTION MEDICATIONS** require a medication permission form to be signed by a parent and a physician. A doctor's order written on a prescription pad is acceptable.
- * Acetaminophen, (Tylenol), Ibuprofen (Advil) and Benadryl are covered by orders by the school physician. All other OVER THE COUNTER MEDICATIONS require a medication permission form to be signed by a parent and a physician before they can be administered in school.**
 - Please Note: A child with a fever must be sent home. Acetaminophen (Tylenol) will be given for fever while the student is waiting to go home.
- * All medication forms may be obtained from and returned to the school nurse.**

ACCORDING TO BOTH THE DRUG AND ALCOHOL POLICY AND THE MEDICATION POLICY, ALL MEDICATION TAKEN AT SCHOOL MUST BE TAKEN IN THE HEALTH ROOM. Exceptions are inhalers for asthma and Epi-Pens. These may be carried by a student if written permission is on file with both a doctor's and a parent's signature.

USE OF EPI-PENS

If your child needs to have a bee sting kit because of a significant reaction history, you must provide an Epi-Pen.

PARENTS: PLEASE KEEP THIS PAGE

**SLIPPERY ROCK AREA SCHOOL DISTRICT
HEALTH, EMERGENCY AND MEDICATION INFORMATION**

**THIS MUST BE COMPLETED BY THE PARENT/GUARDIAN YEARLY. INFORMATION DOES NOT
TRANSFER FROM YEAR TO YEAR**

Building Name: _____ Teacher _____ Grade _____

Child's Name _____
Last First Middle Male/Female Birthdate
Gender

Student's Primary Address: _____

Father (guardian): _____ Mother (guardian): _____
Phone # 1: _____ (home/cell/work) Phone #1: _____ (home/cell/work)
Phone #2 : _____ (home/cell/work) Phone # 2: _____ (home/cell/work)
Work Place/Number: _____ Work Place/Number: _____

Whom does child live with: _____

Name(s) of Sibling(s): _____ Grade: _____ Name _____ Grade: _____
Name _____ Grade: _____ Name _____ Grade: _____

In case of sickness or emergency we need to know how to reach someone who has consented to be an emergency contact person and is able to pick your child up within 20 minutes. **This person must be able to transport your child if necessary.**

Contact Person #1 _____ Relation: _____ Telephone() _____

Contact Person #2 _____ Relation: _____ Telephone() _____

Contact Person #3 _____ Relation: _____ Telephone() _____

Student's Doctor _____ Telephone () _____
Student's Dentist _____ Telephone () _____

Medication Is your child taking any daily medication that will need to be taken at school?

Name of Medication _____

Is your child taking any regular medication at home?

Name of Medication _____ Reason why: _____

Name of Medication _____ Reason why: _____

Is your child allergic to any medication, bee stings, peanuts, food, other allergies? Please list. _____

Health History: Does your child have any health history or concerns? (Asthma, ADHD/ADD, significant illness, surgery, ect)

(OVER)

Ambulance Transport/Hospital Treatment

In case of an extreme medical emergency your child might need to be taken by ambulance to the **nearest medical center**. School personnel would make every effort to contact the parent or guardian should an emergency arise. Parents/ Guardians assume responsibility for payment if there is a charge.

In case of a medical emergency I give (hospital) permission to treat my child _____.
I assume responsibility for payment.

Date Parent/Guardian Signature

PARENT PERMISSION TO GIVE ACETAMINOPHEN AND/OR IBUPROFEN AT SCHOOL

I wish for my child to receive Acetaminophen (Tylenol) when needed.

_____ YES _____ NO

I wish for my child to receive Ibuprofen (Motrin/Advil) when needed.

_____ YES _____ NO

Parent/Guardian Signature _____ Date _____

- **If you wish to be notified when your child receives Tylenol/Motrin/Advil at school please let the school nurse know.**

PARENT PERMISSION TO GIVE BENADRYL AT SCHOOL

I give permission for the school nurse to give my child Benadryl (according to the age and weight of child) if my child is stung by a bee, wasp, hornet or has an acute allergic reaction.

Parent/Guardian Signature _____ Date _____

I acknowledge the School District is authorized to disclose to School District employees and/or individuals acting on behalf of the School District, information regarding your son or daughter’s medical condition in the event that the same is necessary to protect the health, safety and welfare of your son or daughter.

Parent/Guardian Signature: _____

Date: _____