

Derby Middle School

Emergency Medical Form and Over The Counter Medication Authorization

Student Name Male/Female Homeroom/Advisory Teacher Grade
Address Date of Birth

Parent Guardian Information: Name Home Telephone Work Telephone Cell Phone

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In case of illness or accident during school hours when no one can be reached at home, please indicate below a person who may be contacted and/or transport your child.

Emergency Contact Name Relationship Telephone Number

Emergency Contact Name Relationship Telephone Number

Health Information \*You may use the back side of this form for any additional information you wish to alert school personnel to\*

- 1. Is your child currently receiving treatment from a doctor for asthma?
2. Allergies (medications, food, environmental/seasonal)
3. Medical/mental health conditions
4. Surgeries/Hospitalizations
5. Medications at home or school
6. Any Physical limitations or restrictions for activity?

Physician Telephone

Does your child have health insurance? Yes No Insurance Company Policy #

I authorize the school nurse/school personnel to administer the following over the counter medications on an as needed basis, after an assessment has been made. These medications will be given per package instructions based on the child's weight and age. These medication orders have been approved by the Derby Public Schools Medical Advisor (CT Public Act No. 212A revised #88-360)

Please check (✓) next to medications you authorize the school to administer and indicate reason for administration

- Tylenol/Acetaminophen Reason
Advil/Motrin/ Ibuprofen Reason
Tums/Antacids Reason
Midol/Pamprin Reason
Aleve/Naproxen Reason
Benadryl/Antihistamine Reason
Bacitracin/Antibiotic ointment Reason
Dramamine Reason

Signature of Parent/Legal Guardian Date