



**Tandem Friends School
2011-2012 Academic Year
Emergency/Health Information**

Student's Name: _____

Student's Home Address: _____

Date of Birth: _____ Grade: _____

Mother's Name: _____ Phone: (H) _____ (W) _____ (C) _____

Mother's Place of Employment: _____ Job Title: _____

Father's Name: _____ Phone: (H) _____ (W) _____ (C) _____

Father's Place of Employment: _____ Job Title: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital Preferred in Case of Emergency: _____

Date of Last Tetanus Inoculation: _____

Insurance Provider & Policy Holder: _____ Group #: _____ Policy #: _____

Please list any health problems, medications, and allergies:

Does your child have: EpiPen ___ Inhaler ___ Allergy Medicine _____

Person to be contacted in case of emergency if parent cannot be reached -

Name: _____ Phone: (H) _____ (W) _____ (C) _____

Person(s) authorized to pick up my child from school (must sign child out at front office and show photo ID):

- 1) _____
- 2) _____
- 3) _____

If the school is unable to reach me in case of emergency involving my child, I give my permission for the school to take necessary emergency action. I also give my permission for treatment prescribed by the attending physician.

Signature: _____

(Parent or Guardian)

(Date)



**Tandem Friends School
2011-2012 Academic Year
Medication Authorization Form**

Student's Name: _____ Grade: _____

Prescription Medications: It is imperative that the school has a complete list of your child's medications. Please list all medications on emergency health form (see other side.)

Requirements for dispensing of prescription medication that must be taken during the school day:

- Parent or guardian of student must sign this statement authorizing Tandem Friends School staff to administer prescription / over-the-counter medications.
- Written permission from the parent or guardian must accompany each prescription medication, indicating dosage instructions and any other procedures for administration.
- All prescription medication must be brought to the Front Office in its original bottle with a current date.
- All medications must be brought to the Front Office to be securely stored. Students shall not be permitted to self-administer medications.

Over-the-counter Medications:

Tylenol/Advil

With the prior approval of a parent or guardian, Tandem Friends School staff will provide and dispense Tylenol/Advil at the request of the student and based on the dosage instructions on the bottle.

Topical Preparations

With the prior approval of a parent or guardian, Tandem Friends School will apply an antibiotic ointment if your child suffers a minor cut or abrasion. This would be a temporary measure only and is not meant to be a substitute for more complete treatment at home.

Other Over-the-Counter Medications

Tandem Friends School staff will dispense other over-the-counter medications *provided by and at the written request of the parent or guardian*. Medications must be brought to the Front Office and will be administered per written instructions. *Child's name must be on all medication*. Tandem Friends School does not provide medications other than the two types mentioned above.

Please check all that apply: (unchecked boxes are assumed "NO")

Yes____ No____ I grant Tandem Friends School and its staff permission to dispense prescription medication.

Yes____ No____ I grant Tandem Friends School and its staff permission to dispense Tylenol/Advil to my child.

Yes____ No____ I grant Tandem Friends School and its staff permission to apply antibiotic ointment.

I hereby release and hold harmless Tandem Friends School and its staff from all liability regarding the administering of any and all medication(s) or treatment(s) to my child.

Signature: _____

(Parent or Guardian)

(Date)