Reading Muhlenberg CTC

Student Emergency Information

Parents/Guardians: Please carefully review the following information and make all necessary changes. This will be utilized to provide care to your child during the school day. It is essential that you identify the medications that your child may receive at school. **Medication will not be given if the information is not complete.** If you are unavailable, a student will be allowed to go home only with the emergency contact person (s) you list below. **Your signature at the bottom indicates this information has been reviewed and is correct and understand that it's your responsibility to have your child abide by the rules and regulations contained in them.**

Student Name: **Student ID #:** **Gender:** **DOB:**

Address: **City:** **Zip:** **Home School:** **Grade:**

Home Phone #: **Program / Class:**

Allergies:

Disabilities:

Medical Concerns:

Medications:

Please verify the above information if there are any changes please mark them below:

___ Diabetes ___ ADD/ADHD ___ Seizures
___ Asthma - does the student carry an inhaler? ___ yes ___ no
___ Hemophilia ___ Heart Problems
___ Allergies (list) _____
___ Hearing Problems - Wears Hearing Aid? __Yes __ No
___ Vision Problems - Wears Contact / Glasses (circle)

Please list additional health problems and names / dosages of any daily medications or inhalers:

_____

_____

_____

_____

The school nurse or Director's designee may administer the following medication (s) as deemed necessary:
(please place a checkmark next to the medicine(s) allowed)

Allowable Medications:

___ Acetaminophen (Tylenol)
___ Ibuprofen (Advil)
___ Diphenhydramine (Benadryl)
___ Antacids (Tums)
___ Imodium (diarrhea)

Doctor:

Hospital:

Insurance:

We, the undersigned, hereby agree that the School shall have the right in the event of any emergency, injury or illness, to send our child to the nearest hospital or physician available and be treated or I have a preference that _____ hospital be used.

_____ _____

Signature of Parent or Guardian Date