

SALEM PUBLIC SCHOOLS STUDENT DATA AND PERMISSION TO TREAT FORM FOR SCHOOL NURSE

Student Last Name: _____ First Name: _____ School: _____
Home Address: _____ Date of Birth: ___/___/___ Grade: _____
Parent or Guardian: _____ Home Phone: () _____
Cell Phone: () _____ Work Phone: () _____
Parent or Guardian: _____ Home Phone: () _____
Cell Phone: () _____ Work Phone: () _____

In case of an emergency, if it's not possible to reach one of the parents/guardians, please call:

1. Name: _____ Phone: () _____
2. Name: _____ Phone: () _____

MEDICAL/EMERGENCY INFORMATION

Family Doctor: _____ Phone: () _____
Family Dentist: _____ Phone: () _____
Allergies: _____
Medical Concerns: _____
Glasses, contact lenses, or hearing aids? _____
Daily Medications: _____
Emergency Medications: _____
Health Insurance Provider: _____ Policy #: _____

In case of severe emergency and I cannot be reached, I give my permission to NSMC Salem Hospital Emergency Department to render treatment to the above named student. Ambulance takes emergency cases to NSMC only.

★ **Parent/Guardian Signature:** _____ **Date:** _____

PERMISSION TO TREAT

I give permission to the school nurse to administer the following medications to my child according to the established protocols. I have crossed out any products that I do not wish my child to receive.

- **Acetaminophen (Tylenol)**
As needed for minor pain or fever subsequent to nursing assessment.
- **Bacitracin Ointment**
As needed for cuts, scrapes, etc., 1 – 3 times per day.
- **Calamine Lotion**
As needed to relieve itching.
- **Hydrocortisone Cream 0.5%**
As needed up to 3 times daily to relieve itching associated with minor skin irritations and rash.
- **Pramoxine HCL**
As needed for the temporary relief of pain associated with insect bites, hives (sting relief).
- **Benadryl Elixir (Diphenhydramine HCL)**
As needed for relief of variety of hypersensitivity reactions.

All other medications require a written order from a licensed prescriber (physician, dentist, nurse practitioner) and written parental permission.

To the best of my knowledge, my child has no allergy/sensitivity to any of the above named products.

I give permission to the school nurse to share with appropriate school personnel information relative to any described health concerns.

★ **Parent/Guardian Signature:** _____ **Date:** _____