



# THE SCHOOL DISTRICT OF PHILADELPHIA

## Student Emergency /Medical Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Room/Sec: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mother: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_

Father: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_

### Emergency contacts (other than parents) must be local and available for contact:

#### Name and Relationship to child Phone

1. \_\_\_\_\_

-

2. \_\_\_\_\_

-

Child's Doctor/Clinic:

\_\_\_\_\_ Phone: \_\_\_\_\_ Medical Insurance:

MA \_\_\_ CHIP \_\_\_ Private \_\_\_

Insurance company name: \_\_\_\_\_ Policy Number \_\_\_\_\_

Please **CIRCLE** the following if your child:

Wears: Glasses Hearing aid

Has: Seizures Diabetes Asthma ADHD

**List Allergies:** Food substitution requires a new order yearly from a health care provider:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Other Health Problems:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please circle below to give permission to the school nurse to give your child medication.

Acetaminophen(Tylenol)	Yes	No
Ibuprofen (Motrin)	Yes	No
EpiPen (for emergency only)	Yes	No
Albuterol Inhaler (for emergency only)	Yes	No

Does your child take medication? \_\_\_NO \_\_\_YES (please list)

Medication	Dose	Frequency/Time	Reason

Your signature gives permission for emergency treatment; as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities. I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.



Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_ Revised S-865 (06/2019)

**OPTIONAL**

**Non-Aerosol Topical Sunscreen Use at School**

Parents/guardians may choose to supply their child with **non-aerosol topical sunscreen**, if it is approved by the U.S. Food and Drug Administration. In order for a student to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel, the parent/guardian must complete the attestations below.

***Parent/Guardian Attestation***

- By signing below, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.
- By signing below, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:

- The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.
- The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school shall provide written notice of the cancellation or restriction to the student's parent/guardian.