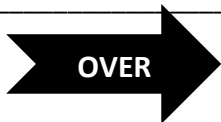


**SOMERSET AREA SCHOOL DISTRICT MEDICAL EMERGENCY FORM**

Student's last name:	Student's first name:	Student's middle initial:	Student's homeroom #:	Grade:
Parent/guardian full name:	Parent/guardian home phone #:	Parent/guardian cell #:	Parent/guardian work #:	Parent/guardian address:
Parent/guardian full name:	Parent/guardian home phone #:	Parent/guardian cell #:	Parent/guardian work #:	Parent/guardian address:
Student lives with:  Both parents/guardians _____  One parent/guardian (please list): _____	Please list your child's daily medications:		Please list your child's allergies:	
Please list any other health concerns the school should know about your child (for example, hearing, vision, emotional concerns, a physical disability, asthma, other):				
<b>Emergency Contacts</b>				
<i>(To be used in case of emergency if parents/guardians cannot be reached. By listing these individuals, you are giving permission for the school to allow the listed individuals to pick up, care for, and transport your child.)</i>				
Name:	Relationship:	Home phone #:	Cell phone #:	Work phone #:
Name:	Relationship:	Home phone #:	Cell phone #:	Work phone #:
Name:	Relationship:	Home phone #:	Cell phone #:	Work phone #:
Please sign here if you give the school nurse permission to provide health information to and receive health information from your child's physician:  _____		Name of child's physician or family practice:		Telephone number of child's physician or family practice:
Please sign here if you give the school nurse permission to provide health information to and receive health information from your child's dentist:  _____		Name of child's dentist or dental practice:		Telephone number of your child's dentist or dental practice:

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## First Aid Practice

The following are Somerset Area School District's standing first aid orders and medications available for your child at school. These were prescribed by the school physician.

**Bee stings:** Kill Sting swabs or ice to the area

**Minor wounds:** Cleanse the area with soap and water and apply bacitracin/triple antibiotic cream and apply bandage, if needed.

**Abrasions, lacerations, wounds or infected areas:** Cleanse the area with soap and water or hydrogen peroxide and apply bacitracin/triple antibiotic and dressing. Apply warm compresses for localized infections.

**Minor eye irritations:** Irrigate with eye irrigating solution and/or saline

**Burns:** Soak or rinse with cold water or water; Apply aloe burn gel

**Epistaxis (nose bleed):** Apply pressure to nose

**Headache:** Apply ice pack and rest

**Severe headache:**

- Children 12 years old and up – 1 or 2 tablets of 325 mg Tylenol or Ibuprofen 200 mg 1 or 2 tablets
- Children 9 – 12 years: One tablet of 325 mg Tylenol or Ibuprofen according to age and weight
- Children under age 9: Liquid or chewable Tylenol or Ibuprofen according to age and weight

**Cold sore, fever blisters:** Orajel or Vaseline

**Mouth ulcers, irritated gums:** Salt water rinse and/or Orajel

**Indigestion, upset stomach, nausea:** Maalox tablets or Tums and rest

**Insect bites, stings, rashes, and skin irritations:** Calamine or Caladryl lotion or 1% hydrocortisone cream

**Earache:** Cotton in ear if drainage is present

**Severe earache:**

- Children 12 years old and up – 1 or 2 tablets of 325 mg Tylenol or Ibuprofen 200mg 1 or 2 tablets
- Children 9 – 12 years: One tablet of 325 mg Tylenol or Ibuprofen per age and weight
- Children under age 9: Liquid or chewable Tylenol or Ibuprofen according to age and weight

**Menstrual cramps:** Warm water bottle/heating pad on abdomen and rest; Tylenol or Ibuprofen according to age and weight

**Sore/irritated throat:** Chloraseptic Oral Analgesic spray or Cepacol drops (not given to PreK-2<sup>nd</sup> grade students)

**Cough:** Cough drops, throat lozenges (not given to PreK-2<sup>nd</sup> grade students)

**Toothache:** Warm water rinse and/or Orajel

**Severe toothache:**

- Children 12 years old and up – 1 or 2 tablets of 325 mg Tylenol or Ibuprofen 200mg 1 or 2 tablets
- Children 9 – 12 years: One tablet of 325 mg Tylenol or Ibuprofen per age and weight
- Children under age 9: Liquid or chewable Tylenol or Ibuprofen according to age and weight

**Chapped lips:** Vaseline or Blistex/Carmex

**Allergic Reaction:** Liquid or tablet Benadryl – Dose according to age and weight

**Life-threatening anaphylaxis:** EpiPen or EpiPen Jr. – According to weight (If you wish to opt out form must be completed).

**Oxygen:** 6LPM in emergencies only. Nebulizer on hand for asthma emergencies, student to provide own medication and mask.

**AED** available in all District buildings for emergencies: Use according to manufacturer's instructions.

**Sunscreen** as needed for outdoor activity.

**By signing the front of this form,** I give my consent for the above medications and treatments to be rendered to my child as his/her condition warrants, under the supervision of the school nurse or substitute school nurse. I understand that the school or staff can, in no way, be held responsible for any condition resulting from the rendering of such medication and treatments. I am also aware that the health information on both sides of this form will be shared with appropriate school staff to ensure the safety and well-being of my child.

If you DO NOT want your child to receive a particular medication or treatment, please list which one(s) and why:

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