

**STUDENT MEDICAL INFORMATION FORM 2023/2024**



Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ CTC Program Name \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please list any health condition(s) child may have (*asthma, heart disease, seizure disorders, diabetes, etc.*):

\_\_\_\_\_

Please list any medication that child takes on a regular basis:

\_\_\_\_\_

Please list any allergies child has (including medication allergies):

\_\_\_\_\_

Date of last Tetanus booster: \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

TO WHOM IT MAY CONCERN: If neither of the parents can be contacted in the case of serious injury of illness, I hereby authorize representatives of the Beaver County Career & Technology Center to act as my agent to secure emergency medical treatment for my son/daughter, a minor of whom I am responsible, at Heritage Valley or any other medical facility when in the opinion of the school representatives such emergency treatment is deemed necessary during the time my child is attending, coming to, or leaving school. In cases of extreme emergency an ambulance will be called to transport the student to the nearest hospital with parents responsible for the cost of the ambulance.

SPECIFIC INSTRUCTIONS IN CASE OF EMERGENCY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medications During School Hours

### **Prescription Medication**

Any prescribed medication must be in its original container with a current date. Ask the pharmacy for an extra labeled bottle for school. A physician's order form must be completed by the physician and signed by the parent for the nurse to administer medication during school hours. All medication must be brought to the nurse immediately. Students may not carry medication during school hours with the exception of inhalers for asthma or Epi-Pens with physician approval.

### **Non-Prescription Medication**

Over-the-counter medication must be provided by the parent and must be in the original container with an order form or prescription and note from the parent explaining why the medication is being taken, how much to give, when to give, and any reactions the child might have. *State law requires a physician order for the nurse to administer all medications.*

### **Emergency Medication**

In the event of a serious or life-threatening medical emergency the following medications and treatments may be administered and the child will be transported to the nearest hospital. Parents will be notified as soon as possible.

- Epinephrine for dangerous allergic reaction
- Oxygen for serious illness or injury
- Narcan for symptoms of opioid overdose

The school physician, Dr. Zvonar, has given orders for the nurse to administer certain treatments and medications to your child in the event of illness or injury occurring during school hours. Your permission is required to administer these items.

**Please check YES or NO for each item.**

Medications/Treatments	Yes	No
Acetaminophen (Tylenol) for pain or fever > 101 degrees		
Calcium Antacid/Tums for upset stomach		
Wound Cleanser or Saline		
First Aid Spray		
First Aid Burn Cream, Burn Gel, or Burn Spray		
Triple Antibiotic Ointment/Neosporin		
2 <sup>nd</sup> Skin or Similar Moist Dressings for Burns/Abrasions		
Insect Bite Relief Swabs		
Hydrocortisone Cream 1% for Itching/Rash		
Calamine Lotion for Itching/Rash		
Solarcaine Sunburn Spray/Generic Equivalent Sunburn Spray		
Biofreeze For minor aches and pains of sore muscles and joints.		
Blistex or Vaseline for Chapped Lips		
Moisturizing Eye Drops for Dry or Irritated Eyes		
Saline Eye Wash for Eye Irritation/Cleansing of Eye		
Orajel®/Anbesol® For Toothache/Mouth Soreness		
Cough Drops / Throat Lozenges		
Glucose Tablets or Gel for Symptoms of Low Blood Sugar		
Orthodontic Wax for Students with Braces.		
Contact solution for Students with Contacts.		
Diphenhydramine (Benadryl®) for Serious Allergic Reaction such as Hives		
Potassium Iodide for Radioactive Emergency at Nuclear Power Plant		

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_