

**EAST LONGMEADOW PUBLIC SCHOOLS**  
**Student Health and Emergency Information**

Grade: \_\_\_\_\_

Room: \_\_\_\_\_

Please complete the following form (**BOTH sides**) & return to the School Nurse by **September 10, 2022**

Student's Name: \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

**Both parents reside at above address** ( )yes ( )no

Parent/Guardian # 1: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian # 2: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Name of others who may provide assistance/transportation to your child during the school day, if you are not available.**

Other contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Other contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name/grade of sisters/brothers in school district: \_\_\_\_\_

**Transportation: To school:**  Bus  driven/drives  walks **From school:**  Bus  driven/drives  walks

Are you a **military** connected family?  Yes  No For more info: 1-800-342-9647 or [www.militaryonesource.mil](http://www.militaryonesource.mil)

For **drug/alcohol** information: 1-800-327-5050 or Central Intake and Care Coordination **Toll free #1- 866-705-2807**  
**mass.gov/StateWithoutStigMA**

Do you have **health insurance**?  Yes  No Name of **health insurance provider**: \_\_\_\_\_

In case of an emergency, 911 will be called and the school will attempt to contact parent/guardian.

Your child will be transported by ambulance to an emergency care facility, if necessary.

Indicate **hospital preference**: \_\_\_\_\_

**Physician name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Last visit date:** \_\_\_\_\_

**Dentist name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Last visit date:** \_\_\_\_\_

Please list medications **required during school hours**: \_\_\_\_\_

Other **medications** your child takes **at home**: \_\_\_\_\_

**Please check all physician diagnosed conditions that apply to your child**

ADD/ADHD  Anxiety  Asthma  Autism  Depression  Diabetes  Heart condition

Migraines  Scoliosis  Seizure Disorder  Other \_\_\_\_\_

Non-life-threatening allergies, (i.e. food, insects, medication, environment, latex.) (Specify): \_\_\_\_\_

Life-threatening allergies: (Specify) \_\_\_\_\_ Allergist \_\_\_\_\_ Last visit \_\_\_\_\_

A significant illness or injury in the past 12 months (Specify): \_\_\_\_\_

Hearing problems (Specify):  Left ear  Right ear  Hearing aids

Vision problems (Specify):  Wears eyeglasses  Contact lenses

*I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I also give permission to exchange information with my child's health care provider, for the purpose of referral, diagnosis, treatment, and well-being.*

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

\*\*\*\* PLEASE COMPLETE BOTH SIDES \*\*\*\*

## East Longmeadow High School Over-the-Counter Medication Information

Student's name \_\_\_\_\_

I give permission for the school Nurse to administer the following over-the-counter (OTC) medications to my child according to the established protocols. I have crossed out and initialed any products that I do not wish my child to receive. All other medications require a written doctor's order and a written parental permission. Please contact the school Nurse for additional information and the proper forms.

<i>Acetaminophen (Tylenol)</i>	Tablets or liquid --- (grades 3 - 12 students) As needed for minor discomfort, headache, menstrual cramps, musculoskeletal pain, etc. <i>*School Nurse may limit frequent administration of Tylenol.</i>
<i>Bacitracin ointment</i>	As needed for cuts, scrapes, etc.
<i>Benadryl</i>	Tablet or liquid --- (children/adult 6 yrs. and older) As needed for local allergic reaction
<i>Benadryl cream</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.
<i>Calamine/Caladryl lotion</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.
<i>Ibuprofen</i>	Tablets- (children/adult 12 years and older) As needed for menstrual cramps, minor discomfort, headache, musculoskeletal pain, dental pain, etc.
<i>Medique lozenges</i>	As needed for minor throat dryness, irritation, etc.
<i>Moisturizing eye drops</i>	As needed to flush the eyes or moisturize dry eyes.
<i>Tums (antacid)</i>	As needed for minor gastric distress or indigestion.

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

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Birchland Park Middle School Over-the-Counter Medication Information

Student's name \_\_\_\_\_

I give permission for the school Nurse to administer the following over-the-counter (OTC) medications to my child according to the established protocols. I have crossed out and initialed any products that I do not wish my child to receive. All other medications require a written doctor's order and a written parental permission. Please contact the school Nurse for additional information and the proper forms.

<i>Acetaminophen (Tylenol)</i>	Tablets or liquid --- (grades 3 - 12 students) As needed for minor discomfort, headache, menstrual cramps, musculoskeletal pain, etc. <i>*School Nurse may limit frequent administration of Tylenol.</i>
<i>Bacitracin Ointment</i>	As needed for cuts, scrapes, etc.
<i>Benadryl</i>	Tablet or liquid --- (children/adult 6 yrs. and older) As needed for local allergic reaction
<i>Benadryl cream</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.
<i>Calamine/Caladryl lotion</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.
<i>Ibuprofen</i>	Tablets---(children/adult 12 years and older) As needed for menstrual cramps, minor discomfort, headache, Musculoskeletal pain, dental pain, etc. <i>*School nurse may limit frequent administration of Ibuprofen.</i>
<i>Medique lozenges</i>	As needed for minor throat dryness, irritation, etc.
<i>Moisturizing eye drops</i>	As needed to flush the eyes or moisturize dry eyes.
<i>Tums (antacid)</i>	As needed for minor gastric distress or indigestion.

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

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Mountain View School Over-the-Counter Medication Information

Student's name \_\_\_\_\_

I give permission for the school Nurse to administer the following over-the-counter (OTC) medications to my child according to the established protocols. I have crossed out and initialed any products that I do not wish my child to receive. All other medications require a written doctor's order and a written parental permission. Please contact the school Nurse for additional information and the proper forms.

<i>Acetaminophen (Tylenol)</i>	Tablets or liquid --- (grades 3 - 12 students) As needed for minor discomfort, headache, menstrual cramps, musculoskeletal pain, etc. <i>School Nurse may limit frequent administration of Tylenol.</i>
<i>Bacitracin ointment</i>	As needed for cuts, scrapes, etc.
<i>Benadryl</i>	Tablet or liquid --- (children/adult 6 yrs. and older) As needed for local allergic reaction
<i>Benadryl cream</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.
<i>Calamine/Caladryl lotion</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.
<i>Medique lozenges</i>	As needed for minor throat dryness, irritation, etc.
<i>Tums (antacid)</i>	As needed for minor gastric distress or indigestion.

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

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Mapleshade School Over-the-Counter Medication Information

Student's name \_\_\_\_\_

I give permission for the school Nurse to administer the following over-the-counter (OTC) medications to my child according to the established protocols. I have crossed out and initialed any products that I do not wish my child to receive. All other medications require a written doctor's order and a written parental permission. Please contact the school Nurse for additional information and the proper forms.

<i>Acetaminophen (Tylenol)</i>	Tablets or liquid --- (grades 3 - 12 students) As needed for minor discomfort, headache, menstrual cramps, musculoskeletal pain, etc. <i>School Nurse may limit frequent administration of Tylenol.</i>
<i>Bacitracin ointment</i>	As needed for cuts, scrapes, etc.
<i>Benadryl</i>	Tablet or liquid --- (children/adult 6 yrs. and older) As needed for local allergic reaction
<i>Benadryl cream</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.
<i>Calamine/Caladryl lotion</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.
<i>Medique lozenges</i>	As needed for minor throat dryness, irritation, etc.
<i>Tums (antacid)</i>	As needed for minor gastric distress or indigestion.

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

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Meadow Brook School  
Over-the-Counter Medication Information**

Student's name \_\_\_\_\_

I give permission for the school Nurse to administer the following over-the-counter (OTC) medications to my child according to the established protocols. I have crossed out any products that I do not wish my child to receive.

All other medications require a written doctor's order and a written parental permission. Please contact the school Nurse for additional information and the proper forms.

<i>Acetaminophen (Tylenol) (Children's liquid)</i>	For oral temperature above 102. See weight chart for dosages.
<i>Bacitracin ointment</i>	As needed for cuts, scrapes, etc.
<i>Benadryl</i>	Tablet or liquid (children/adult 6 yrs. and older) As needed for local allergic reaction
<i>Benadryl cream</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.
<i>Calamine/Caladryl lotion</i>	As needed for minor skin irritation, itchy rash, insect bite, etc.

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

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_