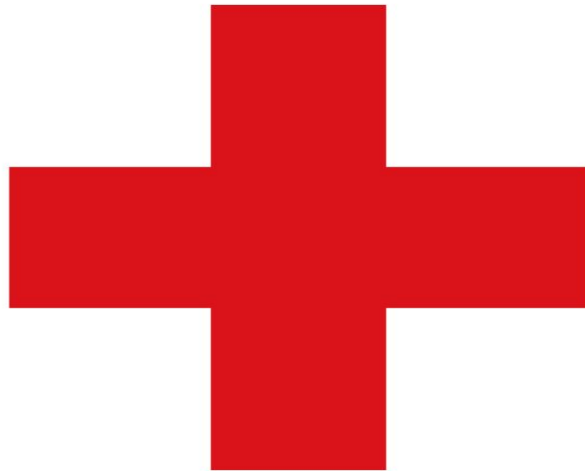


# NURSE EMERGENCY CARD



Parent(s) / Guardian(s):		Contact 3:
Mother:		Contact 4:
Father:		
Parent/Guardian to call First:	Parent/Guardian to call Second:	Persons to contact if parent/guardian cannot be reached:
Home Phone:	Home Phone:	Home Phone:
Work Phone/Name/Address:	Work Phone/Name/Address:	Work Phone:
		Cell:
		Cell:
		Notes:
Cell:	Cell:	
Email	Email:	

**Medical Information**

I give the nurse permission to administer the following medications as needed. (initial each of the medications)

Tums \_\_\_\_\_ Calamine lotion \_\_\_\_\_

Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen (Advil, Motrin) \_\_\_\_\_ Clear Anti-Itch Allergy lotion \_\_\_\_\_ Diphenhydramine (Benadryl) \_\_\_\_\_

Hydrocortisone 1% cream \_\_\_\_\_ Bacitracin ointment \_\_\_\_\_ Menthol/eucalyptus cough drops \_\_\_\_\_

I give permission for the nurse to contact my child's health care provider: Yes \_\_\_\_\_ (initial)

I give permission to the school nurse to share health information and recent changes/events that may affect my child on a need-to-know basis: Yes \_\_\_\_\_ (initial)

I give permission for the nurse to leave me a voice mail message about my child: Yes \_\_\_\_\_ (initial)

*In the event of an emergency, the school will make every attempt to contact the parent/guardian and your child will be transported by ambulance to an emergency care facility if necessary.*

Primary Health Care Provider's Name:	Dentist Name:
Primary Health Care Provider's Phone #:	Dentist Phone #:
Does your child have Health Insurance? No _____ Yes _____ Provider:	Does your child have Dental Insurance? No _____ Yes _____ Provider:

**PLEASE COMPLETE\*:**

My child has no known medical, developmental, behavioral, emotional health conditions, allergies, or recent injuries \_\_\_\_\_ (initial)

My child has the following medical, developmental, behavioral, or emotional health conditions: \_\_\_\_\_

My child has had the following recent injuries, surgeries, hospitalizations: \_\_\_\_\_

My child takes the following medication(s): \_\_\_\_\_

Describe any recent transitional changes in your family or traumatic events that may affect your child: (for example: birth of sibling, death of a family member or friend, family medical or mental health issues, employment, housing, move to new community, military deployment, marital or relationship status of parent(s), or situation(s) of abuse or violence)

## Quick FAQs

- **Coming home in backpacks first week of school**
- **Please return card via your child ASAP**
- **Please be sure preloaded information is accurate**
- **Please be sure photo is that of your child**
- **All information will be kept confidential**
- **DO NOT relay URGENT information regarding a new diagnosis- that requires a phone call with the nurse**

## WHY DO WE NEED IT?

1. Quick reference
2. Gives permission to administer medication or not
3. Updates information
4. Provides alternative contact if parent/guardian is unavailable.