

Bow High School * Emergency Information *
Parents/ Guardians ~ Please complete and return it to the school nurse.

Remember to notify the school immediately of changes in phone numbers and address and notify the school nurse of any health changes; medications, health care providers, illness or medical treatment.

Student's Name: _____ Grade: _____ School Year: _____

D.O.B. _____ Age: _____ Address: _____ Tel. _____

Name of Parent/Legal Guardian with whom student lives and relationship: _____

Parent/Guardian Pager/Cell Phone # _____ Parent/Guardian Email: _____

Mother's Employer: _____ Tel. _____ Father's Employer: _____ Tel. _____

Student's Physician: _____ Tel. _____ Student's Dentist: _____ Tel. _____

Student's Medical Insurance Co: _____ Policy # _____ Group # _____

Friend or relative who would be willing to assume temporary care of your child during school hours if you cannot be reached:

Name: _____ Tel. _____

Please indicate if the student has any of the following:

	Yes	No	Date	Explain, if yes
Cardiac Problems/History				
Bee Sting Reaction				
Allergies				
Medication Allergies				
Diabetes				
Asthma				
Fainting Episodes				
Seizures				
Orthopedic Problems				
Other				

Has the student been treated for any of the following in the past year?

	Yes	No	Date	Explain, if yes
Accident/Injury				
Concussion/ Head Injury				
Surgery/ Hospitalization				
Illness				

Is the student on any daily medication(s)? Yes No Medication: _____ Dose _____ Time taken _____

Last Tetanus Immunization _____ **Type of vaccine** _____
MM/DD/YR

Students needing medication prescription and/or non-prescription during the school day must follow NH laws regarding the administration of medications in schools. Students may not carry medications except for asthma inhalers and EpiPen (epinephrine) with proper written approval from a health care provider and parent.

I give permission for the school nurse to administer over the counter medications according to the manufacturer's instructions to my child as he/she requests. The following are stocked over the counter medications (their generic equivalent may be substituted): Tylenol, Advil, Sudafed, Benadryl, Pepcid AC, Pepto-Bismol, Tums, Immodium AD, Eye Saline, Visine, Anbesol, Neo-synephrine, Isopropyl Alcohol, Hydrogen peroxide, Antibacterial soap, Aloe Gel, Bacitracin, Calamine Lotion, Caladryl, Burn Gel, Hydrocortisone Lotion, Bee Sting Swabs

Yes No **Comments/Exceptions:** _____

In the event of a medical emergency and I can not be reached, this authorization gives consent for the school to call the physician or dentist listed and to follow his/her instructions or seek emergency medical assistance as needed.

Signature of Parent/Guardian: _____ **Date:** _____