

# Emergency Card Hatboro-Horsham School District

Student: ID: DOB: Gender:  
 Grade: Home Room:  
 Home Phone:

Home Address		City	State	Zip
			Home	
Parent/Guardian	Employer Name	Cell Phone	Phone	Work Phone
Emergency Contacts		Relationship	Phone Number	
Doctor Name	Phone Number	Dentist Name	Phone Number	
Health Conditions		Health Conditions		
School Medications	Dosage	School Medications	Dosage	

Is there anything more about your child's health that you think is important for us to know? Please include any medications (Drug Name and Dosage) that your child takes outside of school.

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Dear Parent:

Please read the following information, sign and return the completed form to the School Nurse.

- Your child will be receiving care and treatment by the School Nurse during the school day.
- Does your child self-carry an inhaler or Epi pen? ☐ Inhaler? ☐ Epi pen?  
 \* If Inhaler or Epi pen is carried, Physician Permission Slip must be on file at the Nurse's Office.
- I give permission for my child to be administered the following medications by school health personnel:  
*Acetaminophen(Tylenol)* ☒ Yes ☐ No *TUMS* ☒ Yes ☐ No  
*Ibuprofen (Advil)* \*Middle and HS ONLY\* ☒ Yes ☐ No
- In case of an emergency, I hereby give permission for my child to be treated by medical personnel and transported to an appropriate medical facility for further evaluation and treatment.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_