

Emergency Card Hatboro-Horsham School District

Student: _____

Home Address		City		State	Zip
Parent/Guardian	Employer Name	Cell Phone	Home 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.

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 _____