MT. BETHEL CHRISTIAN ACADEMY

2016-2017 Emergency Contact & Medical Consent Form

Grade (2016-2017):_____

Student's Name	Home Phone	Date of Birth
		____/____/____

Address	City	Zip Code

Mother's Name	Cell Phone	Email

Father's Name	Cell Phone	Email

List two other relatives or neighbors who will assume responsibility for your child in the event you cannot be contacted.

Name / Relationship	Home Phone	Cell Phone

Name / Relationship	Home Phone	Cell Phone

HEALTH HISTORY *(List any health conditions, surgical procedures or other concerns that require your child to be under a physician's care currently or in the past):* _____

_____

Allergies *(Medications, Food or Seasonal):*

_____

_____

Medications* *(Daily meds, inhalers, or as needed)*: _____

_____

**You must notify the school nurse of any changes in medications or dosages throughout the school year.*

Will your child take daily medications at school? _____ If *YES, you must see the school's registered nurse and complete the required Medication Administration Form.*

If necessary, your child will be provided basic first aid and medication administration according to school policy (see handbook for medication guidelines). Injury assessment and intervention will include the use of topical skin antibiotic and anti-itch medication as appropriate. Pain relief medication will be administered based upon your child's level of discomfort and nature of the discomfort. Dosage will be determined by your child's weight and/or age.

Consent for Medication - circle YES or NO

Acetaminophen (Tylenol):	**YES NO**	Guiatuss DM (Robitussin DM):	**YES NO**
Antihistamine (Allergic Reaction):	**YES NO**	Hydrocortisone Cream:	**YES NO**
Bacitracin ointment:	**YES NO**	Ibuprofen (Advil/Motrin):	**YES NO**
Children's Pepto Chews:	**YES NO**	Mylanta:	**YES NO**
Cough/sore throat lozenge:	**YES NO**	Tums:	**YES NO**
Decongestant (Sudafed):	**YES NO**	Zyrtec (seasonal allergies):	**YES NO**

TURN PAGE OVER TO COMPLETE →

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Emergency Contact & Medical Consent Form

_____ ____/____/____ _____
Student's Name Date of Birth Grade (2016-2017)

Do you carry medical/hospital insurance? _____ Hospital of Choice_____

_____ _____ _____
Name of Medical Insurance Company Policy # Group #

_____ _____ _____
Child's Doctor Address Telephone

_____ _____ _____
Child's Dentist Address Telephone

Authorization and Consent to Medical Treatment

Understanding that my child may need emergency treatment during school hours, during his/her time in the after school program, or at school activities while he/she attends Mt. Bethel Christian Academy, I hereby authorize the School, through the school nurse (RN) or other qualified personnel, to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment. I understand that the School will attempt to notify me in the event of an emergency requiring immediate medical care for my child and if the School is unable to notify me, it will have my child treated by a duly qualified physician at the nearest hospital or emergency center. Any medical information provided to the School may be shared with emergency medical personnel. This authorization applies to all school-sponsored programs.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes, in writing, as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, health status, and immunization records. I agree to notify the school clinic if my child is exposed to any communicable disease.

I understand that before prescription medication is dispensed to my child, I will provide written authorization, which includes specific information required to accurately administer the medication.

Medicine MUST be in the original container with my child's name and dosing instructions on it and brought into the Clinic by the parent or legal guardian, along with the current Medication Administration Form.

I understand that according to HIPAA and FERPA Privacy Rules, any records that a school nurse maintains that are directly related to a student are considered education records and are subject to FERPA Rules and may be shared with other school personnel on a "need to know" basis to benefit the health, safety and educational progress of the student.

_____ _____
Parent signature **Date**

IMPORTANT NOTE:

STUDENTS WILL NOT BE ALLOWED TO ATTEND CLASS UNTIL THIS FORM IS COMPLETED, SIGNED AND RETURNED TO THE SCHOOL OFFICE. ADDITIONALLY, IMMUNIZATION FORM 3231 MUST BE ON FILE PRIOR TO THE FIRST DAY OF SCHOOL