

INDIAN RIVER SCHOOL DISTRICT/INDIAN RIVER HIGH SCHOOL

2012-2013 DELAWARE EMERGENCY TREATMENT CARD

Student Name: _____ Birth Date: _____ Grade: _____ HR Teacher: _____

***Lives with: _____/Relationship: _____

Mother/Guardian Information:

Father/Guardian Information:

Name: _____ Name: _____

Home Phone: _____ Date of Birth: _____ Home Phone: _____ Date of Birth: _____

Home Address: _____ Home Address: _____

Place of Employment: _____ Place of Employment: _____

Work Phone: _____ Ext. _____ Work Phone: _____ Ext. _____

Cell Phone: _____ Other: _____ Cell Phone: _____ Other: _____

Spouse Name: _____ Spouse: _____

Place of Employment: _____ Place of Employment: _____

Work Phone: _____ Cell Phone: _____ Work Phone: _____ Cell Phone: _____

IF PARENTS/GUARDIANS CANNOT BE REACHED, CALL:

1. _____

NAME RELATIONSHIP TO STUDENT DAYTIME PHONE CELL PHONE

2. _____

NAME RELATIONSHIP TO STUDENT DAYTIME PHONE CELL PHONE

3. _____

NAME RELATIONSHIP TO STUDENT DAYTIME PHONE CELL PHONE

LIST STUDENT'S MEDICAL PROBLEMS AND ANY ALLERGIES TO FOOD, MEDICATION, LATEX OR INSECT STINGS:

PHYSICIAN: _____ PHONE: _____ DENTIST: _____ PHONE: _____

MEDICAL INSURANCE: _____ MEDICAID? Yes _____ NO _____

This information may be shared only on a "need to know" basis with school personnel and emergency medical staff.

SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures in caring for a student when he/she becomes sick or injured at school:

In case of a life-threatening emergency, the school will call 911 and then follow the steps below. In case of other emergencies and/or need of medical or hospital care:

- 1. The school will call the home. If there is no answer,
2. The school will call the father's, mother's or guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians, or physician until one is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician. Hospital Preference _____

Parent/Guardian Signature _____ Date _____

(OVER PLEASE)

INDIAN RIVER SCHOOL DISTRICT/INDIAN RIVER HIGH SCHOOL

2012-2013 STUDENT HEALTH HISTORY UPDATE

1. Place check mark if your child has any of the following medical conditions which require ongoing care:

- Diagnosed Asthma, High Blood Pressure, Kidney/Bladder/Bowel, Epilepsy/Seizures, Diagnosed ADHD/ADD, Heart Murmur, Diabetes, Bleeding, Diagnosed Depression, Heart Disease, Bone, OTHER

Please explain all checked answers and provide date of diagnosis if possible:

- 2. YES [] NO [] Does your child have any allergies to medication, food, latex, insect bites, or other allergies?
3. YES [] NO [] Has your child had any surgery or illnesses since school ended in June?
4. YES [] NO [] Does your child have a hearing problem?
5. YES [] NO [] Does your child wear glasses/contacts?
6. YES [] NO [] Does your child have any mental illnesses or emotional upsets (recent move, death, or divorce) since school ended in June?
7. YES [] NO [] Does your child have any medical problems that may affect them during school hours?
8. Please list ALL medications/treatments your child is currently taking at home

*Please call the nurse's office (732-3194) if your child will need to take prescription or non-prescription medications at school. All medications must be sent to the nurse in its original container and cannot be kept with the student during school hours unless proper documentation is completed. This is the law.
*Please call the nurse's office (732-3194) if you listed above any serious or life-threatening, chronic illness, physical limitations, mental illness, or emotional problems.
*All children must be up to date on their immunizations.
*Ninth grade students will have scoliosis screening and tenth grade students will have vision and hearing screening during the school year.
*Please provide the school with changes in address and phone numbers throughout the school year.
I have read and I understand the information in this document. I understand this information MAY be shared with other professionals in the school on a need to know basis.

Parent/Guardian signature _____ Date _____

NON-PRESCRIPTION/OVER-THE-COUNTER MEDICATION:

Listed below are medications that may be given in the nurse's office at the nurse's discretion. Please contact the nurse BY PHONE if you would not like your child to receive any medications listed.

***** NO SIGNATURE MEANS NO MEDICATION WILL BE GIVEN *****

- *Acetaminophen/Tylenol (pain/fever), *Antibiotic and First Aid Ointment (wound and burn care), *Ibuprofen/Motrin/Advil (pain/fever), *Hydrocortisone Cream or Calamine/Caladryl lotion (anti-itch), *TUMS, Pepto Bismol (upset stomach), *Anbesol/Orajel (mouth pain/toothache), *Benadryl (in case of emergency), *Cough Drops (cough/sore throat/nasal congestion)

School Nurses can give nonprescription and prescription medications with written parental/guardian permission. The following guidelines will be followed:

- 1. The school nurse must assess the child's complaint and symptoms to determine if other measures can be used before medication is given.
2. All medications sent to school MUST BE IN THE ORIGINAL CONTAINER/PACKAGE-THIS IS THE LAW.
3. The school nurse will keep a record of the medication given to your child.

Parent/Guardian signature _____ Date _____

(OVER PLEASE)