

2022-2023 Student Emergency Information – Nurse's Office — CONFIDENTIAL

Grade: _____ Homeroom Teacher: _____ Date of Birth: _____

Student Name (Last, First, Middle): _____

Gender: ☐ Male ☐ Female Siblings at Ellis: _____

Primary Address: _____

Home Number: _____ Email Address for non-emergent communication: _____

Adults living with student and relationship (please alert us if you change any phone numbers):

Name: _____

Relationship: _____

Cell Number: _____

Work Number: _____

Name: _____

Relationship: _____

Cell Number: _____

Work Number: _____

Parent not living with child (if applicable):

Name: _____

Relationship: _____

Cell Number: _____

Work Number: _____

List two Emergency Persons (in addition to above) who can be contacted to transport and temporarily care for your student:

Name: _____

Relationship: _____

Cell Number: _____

Work Number: _____

Name: _____

Relationship: _____

Cell Number: _____

Work Number: _____

Health Concerns and Diagnoses:

Student's Doctor and Phone #: _____ Dentist: _____

Please check all that apply: ☐ Asthma ☐ Bee Sting Allergy ☐ Diabetes ☐ Seizure Disorder☐ Food Allergy or Sensitivity (Please List): _____ ☐ Other Allergies (Please List): _____

Behavioral or Mental Health Issues: _____

Medications Taken at Home (please include dosage and administration times): _____

Prior Surgeries or Procedures: _____

Other Health Concerns: _____

Orthopedic (bone) problems: _____

Has your child had any recent vaccines? (please list): _____

Permission for Over-the-Counter-Medications: I approve the administration of the medications listed below.

Please check off what you approve for your child.

<input type="checkbox"/>	Acetaminophen	<input type="checkbox"/>	Ibuprofen	<input type="checkbox"/>	Calamine/Caladryl	<input type="checkbox"/>	Tums
<input type="checkbox"/>	Bacitracin	<input type="checkbox"/>	Ora-gel	<input type="checkbox"/>	Benadryl		

Please note we carry chewable, liquid, and tablet form.

All medications sent to the nurse's office must be in the original container with your child's name on it.
They must be delivered by an adult.

Permissions:

When deemed professionally necessary, hospital or emergency personnel have permission to provide appropriate medical care for my child.

Please check ☐ YES ☐ NO

EMS providers will make determination of location of hospital for transport

I give permission for the school nurse or designee to administer:

<input type="checkbox"/>	Routine Illness Care	<input type="checkbox"/>	First-aid and Emergency Care	<input type="checkbox"/>	Hearing Screenings	<input type="checkbox"/>	Vision Screenings	<input type="checkbox"/>	Assistance with hygiene needs
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I give permission for my child's information to be shared with school teachers and staff ☐ YES ☐ NOI have read the School Health Guidelines for 2022-2023 included on the back of this form. ☐ YES ☐ NO

I, the parent/ guardian, authorize the administration of the above medication and agree that I will not hold liable the Fremont School District, the School Nurse or any other designee of the School Nurse to assist my child in taking his/her medication. I further agree that the School Nurse or designee may contact the prescribing physician to discuss the effectiveness or adverse responses to the above medication at their discretion.

Parent Signature: _____ Date: _____

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Dear Parents/Guardians:

Please read the following School Health Guidelines, and keep this as a reference for the school year. After reading, please check "Yes" on the Student Emergency Information form and return the completed form to your child's homeroom teacher. Please remember contact numbers will be important in case of illness or injury. Please feel free to contact us by calling (603) 895-2511, x8, or by email at kmoffett@sau83.org. Thank you for your help in keeping our students safe, healthy, and ready to learn!

Kaitlyn Moffett

School Health Guidelines 2022-2023

1. **MEDICATIONS:** Parents must contact the school nurse regarding medications in school. Parents must deliver the medications to the nurse's office and provide a written doctor's order. Medication must be in the original container and properly labeled from the pharmacy. Please read School Policy.
2. **ABSENT PROCEDURE:** When calling in (Using Pick Up Patrol) a student who will be out sick, please give specific symptoms for your child being out, in the case that the nurse may need to follow up with you. State the nature of illness, including fever, cough, sore throat, abdominal pain, vomiting, diarrhea. Please read school policy regarding absences due to illness. If your child is seen by a physician, please bring in a note stating diagnosis and treatment.
3. **STUDENT RETURNING TO SCHOOL AFTER FLU LIKE ILLNESS:** need to be screened by the nurse prior to returning to school, in order to prevent spread of illness to classmates.
4. **INJURY RESTRICTING PHYSICAL ACTIVITY:** If your child has an injury and is treated by a physician, please send in a note stating the nature of the injury, what physical activity restrictions there are, and when the student is cleared to return to normal activity.
5. **STAY HOME IF:** Please stay home if you are ill with fever, cough, vomiting, diarrhea, or sore throat. You must be symptom free for 24 hours. We need to protect the school community from the spread of any illness. Kindly call the nurse, should you have any questions.
6. **PROMOTE HAND WASHING!!** Cover coughs and sneezes with your sleeve, do not share drinks or eating utensils, keep your hands away from your face, clean all common surfaces frequently, keep personal distance from others.
7. **INFLUENZA VACCINE:** Have your child vaccinated for Influenza annually, and give documentation from your physician to the school nurse.
8. **IMMUNIZATION / PHYSICAL EXAMS:** It is required that you send in your child's updated health physical and immunization records annually. Your child will be enrolled conditionally if they are not current with immunization requirements. Contact your physician and /or the school nurse if you have questions. Please submit a signed written request for medical or religious exemption regarding mandated vaccinations.
9. **SPORTS PHYSICAL:** Middle School students must have a current physical on file with the school nurse in order to participate in after school sports. The physical must be dated within the last 2 years.
10. **HEAD LICE:** Please contact the school nurse if your child is treated for head lice, and notify the parent of any of your child's close contacts. Students must be checked at home for nits, daily for 2 weeks after receiving treatment. Routine screening for lice is not done in the school setting per state guidelines.
11. **ELLIS SCHOOL WEB PAGE:** Please check the school nurse's web page for current information and resources, as well as health alerts under the news section.

HEALTH CONDITIONS: Please contact the school nurse regarding any health issues your student may have, such as severe allergies, asthma, diabetes, seizure disorder, and any other medical concerns. Some students with these issues may benefit from a 504 plan to ensure safety and promote best learning.