

# Passport Academy Emergency Care Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child have Asthma?  Yes  No Asthma Medications: \_\_\_\_\_

Does your child have any allergies (food, insects, medication)?  Yes  No

Current Medications: \_\_\_\_\_

Taken at home

Taken at school

**No medications will be dispensed until this form is received in the Health Office**

In addition to First Aid, the School Nurse may treat my child with:

Acetaminophen (Tylenol)  Yes  No

Cough Drops (Halls)  Yes  No

Ibuprofen (Advil/Motrin)  Yes  No

Anbesol/Oragel  Yes  No

Throat Lozenges (sore throat)  Yes  No

Antacids (Tums)  Yes  No

Triple Antibiotic Ointment / Bacitracin Ointment  Yes  No

## Significant Medical Conditions (if yes, please explain)

Cardiac  Yes  No

Concussion  Yes  No

Diabetes  Yes  No

Eating Disorder  Yes  No

Gastrointestinal Disorder  Yes  No

Hearing Disorder  Yes  No

Menstrual Disorder (females)  Yes  No

Orthopedic Condition  Yes  No

Respiratory Condition  Yes  No

Psychiatric Disorder  Yes  No

Seizure Disorder  Yes  No

Skin Disorder  Yes  No

Vision Disorder  Yes  No

Other (please specify) \_\_\_\_\_

Does your child wear glasses or contacts? \_\_\_\_\_

Please specify any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education:

*I understand that if my child needs immediate medical attention and the school is unable to reach a parent or designated emergency contact my permission is granted to take my child to the emergency room for treatment. I also understand that this information may be shared with all appropriate school personnel.*

Parent/Guardian Signature

Date