

\*PLEASE USE A SEPARATE CARD FOR EACH STUDENT ENROLLED\*

\*Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Family Name \_\_\_\_\_

Primary Home Phone Number: \_\_\_\_\_ [Is this a cell phone? YES NO ]

Parent/Guardian #1 Name \_\_\_\_\_ WK Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ WK Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Health History Update (use a separate sheet if necessary)**

List any serious illness, operation, injury, broken bones or newly diagnosed condition such as asthma, diabetes etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List SPECIAL HEALTH PROBLEMS or PHYSICAL LIMITATION the school needs to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all ALLERGIES & Possible Reactions (bee sting, medication, food, seasonal, other): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your child requires the use of an EpiPen or Inhaler due to a medical condition or reaction, a Medical Authorization form and Care/Action Plan must be provided.**

List all medication(s) and dosage(s) your child is taking: [Note if any will be given during school hours]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications listed below are supplied by the school and can be administered by school staff with written permission by a parent/guardian only.

MEDICATION (Please indicate yes or no for each)	YES	NO
Children's or Junior Acetaminophen ("Tylenol") (This will be in a liquid or chewable tablet form)		
Children's or Junior Ibuprofen ("Advil") (This will be in a liquid or chewable tablet form)		
Adult Acetaminophen 325 mg ("Tylenol") (must be able to swallow pills)		
Adult Ibuprofen ("Advil") (must be able to swallow pills)		
Antacid ("Tums")		
Hydrocortisone Cream (commonly known as "anti-itch cream")		

\*You must sign below in order for the medication to be given as we cannot accept approval over the phone.

<p><b>Student's Health Care Provider and Phone</b>          Physician Name: _____          Name of Practice: _____  <b>Phone</b> _____</p>	<p><b>Student's Dentist and Phone</b>          Physician Name: _____          Name of Practice: _____  <b>Phone</b> _____</p>
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I acknowledge that students are **not** permitted to carry **any** medications at school, except inhalers & epi pens as authorized by a health care provider, and that all medications, other than those listed in the table above, must be provided in their original container and with a fully completed and signed Medical Authorization Form (found on the school website or request a copy from the school office).

By signing this card you are giving permission for the following:

- St. Stephen's Episcopal School and its personnel may exchange medical and dental information with your child's physician and dentist and may share health information with other professionals as needed in support of the education process.
- St. Stephen's Episcopal School and its personnel may administer the above noted over the counter medication. I hereby release St. Stephen's Episcopal School and all its employees from any and all liability for damages my child may suffer as a result of this request.
- In the event of a serious emergency (which may require evaluation of your child at a hospital) 911 may be called and your child may need to be transported to the hospital by ambulance. This service is not paid for the by St. Stephen's Episcopal School or its employees.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Below for office use only:

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HELLO PARENT/GUARDIAN,

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Attached is the Emergency Medical Card for your child. A few things to note:

- Complete a separate card for each child.
- Sign and date the card.
- All information must be completed to the best of your knowledge.
- Students may **not** carry any prescription **or non-prescription** medications with them, including, but not limited to, cough/throat drops. Rescue inhalers and/or epi pens may be carried by the student with express permission by a health care provider.
- All medications (prescription and over the counter), inhalers, epi pens or other medical supplies will be maintained in the school office. It is suggested that students who require inhalers and are allowed to keep the inhaler on their person, provide the school with 2 inhalers, one to keep with the student and the other for the school office.

If your child requires medication during the school day, the following must be provided:

- ❖ a medical authorization form signed by a health care provider and signed by the parent/guardian must be sent to school with the medication **in its original packaging**. Please do not send pills, etc. in a ziplock bag. This includes both **prescription and non-prescription/over the counter** medication.
- ❖ A care/action plan must be attached for epi pens and inhalers and any other medication for which additional instructions.
- ❖ Rescue Inhalers and Epi Pens must also come in their original packaging with the prescription clearly labeled on the packaging so that we can ensure that each student receives the appropriate medication.

If you have any questions or concerns about this Emergency Card, please contact the school office at 717-238-8590.

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