

**North Central Charter Essential School  
Emergency and Health Office Form**

Student's Name: \_\_\_\_\_ M ( ) F ( ) Address: \_\_\_\_\_ Town/City \_\_\_\_\_ Phone # \_\_\_\_\_

Grade \_\_\_\_\_ Advisor \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Does your child have Health Insurance? \_\_\_ No \_\_\_ Yes Name of Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Care Physician/Pediatrician Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Does your child have Dental Insurance? \_\_\_ No \_\_\_ Yes Name of Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

*If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable healthcare (restrictions may apply), call the Children's Medical Security Plan. Phone # 1-800-909-2677 or visit [www.cmspkids.com](http://www.cmspkids.com)*

Parents: The information on this form will assist us in contacting you, should your child be ill or injured at school. All information is confidential and will help give your child more adequate care. Please notify the school if any of this information changes.

Mother/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employed at \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employed at \_\_\_\_\_

Student lives with: \_\_\_\_\_ Are there any legal restrictions for the release of your child or his/her records to the non-custodial parent? \_\_\_\_\_

Please provide any legal documents to the School Director.

List at least two people to whom we may release your child to assume temporary care if the school is unable to contact you:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Please provide written permission for your child to be released to anyone not listed on this card.

**Statement:** In the event of an accident or serious illness, I request, the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician/dentist indicated on this form and follow their instructions. If it is impossible to contact their physician or dentist, the school may take whatever arrangements are necessary.

I give permission to the school nurse to share information relevant to my child's health condition with the appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician/Pediatrician for the purpose of referral, diagnosis and treatment.

Signature or parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please see, and fill out reverse side of this paper for; Health Office Protocols, Standing Orders and Parent Permission ----->**

**Medication Protocols and Standing Orders  
North Central Charter Essential School**

**Please list any allergies** (food, medications, insects, environmental): \_\_\_\_\_

**Please list any routine prescription medications being taken at home:** \_\_\_\_\_

**Please list any past or present medical condition the school should know about** (This information may be shared with appropriate staff only): \_\_\_\_\_

I hereby authorize the North Central Charter School Nurse to: *Please check off appropriate boxes.*

- 1. Administer Acetaminophen (Tylenol) as needed for complaint of headache, pain, temperature above normal range, according to recommended dosage by age/weight, every four (4) to six (6) hours.
- 2. Administer Ibuprofen (Advil) as needed for menstrual cramp, pain, or headache according to recommended dosage by age/weight, every four (4) to six (6) hours.
- 3 Administer Epi-Pen (epinephrine) in case of an emergency/anaphylactic allergic reaction.
- 4. Check blood glucose levels for emergency situations and for diabetic students as needed.
- 5. Administer Diphenhydramine (Benadryl) every four (4) to six (6) hours for allergic reaction.
- 6. Administer cough drops /throat lozenges as needed according to package directions.
- 7. Administer antibiotic ointment for topical use to cuts/scrapes as needed.
- 8. Administer Calagel or Hydrocortisone cream (anti-itch cream) as needed according to package directions.
- 9. Administer Albuterol Inhaler (MDI), given only upon assessment by the nurse; and the student has a physician’s order or student is having an asthma attack, and/or the student misplaced or left their inhaler at home.

**Protocols for Administration of Standing Orders:** Decision to give medications will be based on evaluation by the nurse of the following factors: Precipitating or associated conditions, severity and duration of symptom, onset and frequency of symptom, allergies and routine prescription medications being taken. **Medication will not be given:** If a known allergy to the medication exists, In case of known head injury within the last 48 hours except with written order from physician treating injury, On a regular basis to any student who is known to be receiving close medical supervision for a chronic or acute condition except with written order from physician, And if contra-indicated for any reason by the nurse’s assessment of the student at that time.

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Kami S Phillips MD, School Physician

All students must have written authorization from their parent/guardian to receive these medications. Medications will be administered according to the established protocols for administration stated above. **Please complete all information, [check off the appropriate box (es) above; fill in and sign below]. Parents are reminded that children *may not* carry any medications in school and self medicate (except for written physician orders for inhalers and epi-pens).**

I request that my child \_\_\_\_\_ be given medication or treatment by the School Nurse as indicated above.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_