



2018–2019 EMERGENCY CONSENT FORM

Child's Name: _____ DOB: _____ Grade: _____

Parent Name: _____ Home: _____

Cell: _____ Work: _____

Parent Name: _____ Home: _____

Cell: _____ Work: _____

Physician: _____ Office: _____

Local person, other than parents, that can be called in case of emergency:

Name: _____

Home: _____ Cell: _____

ALLERGIES: _____

Has your child been prescribed an Epipen? Yes No

SIGNIFICANT MEDICAL PROBLEMS: _____

MEDICATION (S) ROUTINELY TAKEN: _____

Will your child need to take these routine medications at school? Yes No

(If yes, please fill out Medication Form and Physician Medication Order Form)

OVER THE COUNTER MEDICATION PERMISSION

Please check each medication below that your child can receive as needed:

Acetaminophen (Tylenol) Ibuprofen (Advil Motrin) Benadryl (antihistamine)

I authorize the staff of Tower School to treat my son or daughter in case of an emergency. Furthermore, I release the staff of Tower School from any liability for any act or omission conducted in the course of rendering such care to my child.

Tower will share information with faculty and emergency and medical personnel as appropriate to provide for the safest environment and care for your child. If you have concerns regarding this policy please contact our school nurse Elena Arthur RN.

Parent Signature: _____ Date: _____