

Sturgis Charter Public School



An International Baccalaureate Diploma School

Medication Consent and Emergency Medical Form for Returning Students

Student's Name: _____ Date of Birth: _____ Grade: _____

Allergies: _____

Please indicate any updates to your child's medical history (i.e. primary care physician changes, insurance changes, medication changes, new medical concerns etc.):

Non-Prescription Medication Consent:

The school nurse may assess and administer up to seven doses of the following over the counter medications to my child during the school year; Tylenol (acetaminophen) 325 mg-650 mg (1-2 tablets) every 4-6 hours, Motrin (Advil/ibuprofen) 200 mg-400 mg (1-2 tablets) every 6-8 hours, Cough drops 1-2 as needed, and Tums (calcium carbonate) 500-1000 mg (1-2 tablets) as needed. I understand I will be notified if my child exceeds the seven dose limit and asked to sign and return the Non-Prescription Medication Consent and Order form to the school nurse. The school nurse will then forward the form to my child's physician to obtain a medication order for the medications listed above.

By checking here I give my consent for medication administration to my child and agree to all of the conditions listed above.

Emergency Contacts:

Name: _____ Phone with area code: _____

Relationship to student (i.e. friend of parent, neighbor, Aunt etc.): _____

Name: _____ Phone with area code: _____

Relationship to student (i.e. friend of parent, neighbor, Aunt etc.): _____

Parental Releases:

1. By signing below I agree that although my child's health information is confidential, it may be shared on a need to know basis with my child's medical providers, including substitute nurses, and school staff. A copy of this information may be given to a school staff member accompanying my child on a field trip or school outing. A copy of this information will be given to EMS in the event of an emergency.
2. By signing below I, _____ (parent/guardian name), understand that in case of illness or injury to my child, _____ (child's name), the school will make every effort to notify me or the emergency contact I have listed above. In the event that emergency medical care is necessary and I cannot be reached, I grant full power to Sturgis Charter Public School to contact emergency medical services and/or arrange transportation to the nearest medical facility for treatment and sign releases as required by the medical facility to obtain any medical or surgical treatment in the judgment of medical authorities at the facility.

Parent/Guardian Name (Printed): _____

Signature: _____ Date: _____