LOYALSOCK TOWNSHIP SCHOOL DISTRICT – *SCHOOL NURSE FIRST AID CARD*

Date of Birth: _____ School Year: _____

Grade: _____ Teacher: _____
(Please Print)

Student: _____ Home Phone Number: _____ Email: _____
Last *First* *Middle Initial*

Student Address: _____ City: _____ Zip: _____

Student lives with: ☐ *Mother* ☐ *Father* ☐ *Both* ☐ *Other – Relationship:* _____

Mother (Guardian): _____ Place of Work: _____ Work Phone: _____ Cell Phone: _____

Father (Guardian): _____ Place of Work: _____ Work Phone: _____ Cell Phone: _____

Emergency Names: _____ Phone: _____
When Parent or Guardian is unavailable

_____ Phone: _____

Family Doctor: _____ Telephone: _____ Permission is granted to contact this doctor: ☐ Yes ☐ No

Student's Health Problems/Medications: _____
(The school nurse may share this information with appropriate faculty and staff.)

_____

_____

Permission for nurse to administer medications: *(age/weight related dose)*

Acetaminophen (Tylenol) ☐ *Yes* ☐ *No* *Antacid (Maalox, Tums)* ☐ *Yes* ☐ *No*

Acetaminophen – chewable ☐ *Yes* ☐ *No* *Throat Spray* ☐ *Yes* ☐ *No*

Signature of Parent/Guardian: _____ Date: _____

*****FORM MUST BE COMPLETED IN ITS ENTIRETY*****