

SANDY SPRING FRIENDS SCHOOL MEDICAL EMERGENCY FORM 2005-2006 (this form must be completed in full each school year)

Student's full legal name: _____ Grade in September: _____ Date of birth: _____ Gender: _____

Student lives with/legal custodian (Name): _____

Parent/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

Address: _____ Email: _____

Parent/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

Address: _____ Email: _____

*If parent or guardian can not be reached in an emergency, contact:

Name: _____ Relationship: _____ Home #: _____ Work #: _____ Cell #: _____

It is important that a contact person is able to speak English. Please provide instructions where a contact person is unable to respond to the School in English.

Student's Primary Physician: _____ Phone: _____ Other Health Care Provider: _____ Phone: _____

Insurance Company: _____ Policy Number: _____ Group Number: _____

List any medication, food or environmental allergies your child has: _____

List any medical condition(s) or physical restrictions your child has: _____

List any medication your child is taking **even if it is only administered at home** (include dose, reason for taking the medication and possible side effects) _____

The medication below may be administered to my child:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil)
- Benadryl
- Throat lozenges or cough drops
- Antacid (Tums or Zantac)
- DO NOT ADMINISTER ANY MEDICATION**

I release the school and its personnel of any liability related to the administration of the over-the-counter medication listed. In case of emergency, and in the event that the above contacts are not available, I delegate authority and give my consent to the Head of School, or to the Head of School's specified agent, to arrange any necessary emergency medical care. The cost will be the responsibility of the parent/legal guardian. This release is effective through June 30, 2006.

Parent/Legal Guardian signature _____

Date _____