

**Friendship Academy  
Emergency Care Form  
2020-2021 School Year**

**Please Print. Answer ALL questions and return to Friendship Academy.**

Student Name:		
Address:		
Gender (circle): M      F	Date of Birth:	Phone #:
<b>Student resides with (check all that apply) Add phone number where individual can be reached during the day:</b>		
<input type="checkbox"/> Mother's Name:		
Phone number:	E-mail Address:	
<input type="checkbox"/> Father's Name:		
Phone number:	E-mail Address:	
<input type="checkbox"/> Guardian's Name:		
Phone number:	E-mail Address:	

**Emergency Contacts**

**In case of illness or injury, when neither parent/guardian can be reached, PRINT names of individuals who should be contacted. By providing this information, you are giving permission for the persons listed below to be contacted in case of an emergency.**

Name:	Phone number:
Name:	Phone number:

**(Turn over to complete Page 2)**

### Health Information

If additional room is needed, please use the space provided at the bottom of this form.

Check any health conditions that your child may have:  Asthma  Diabetes  Epilepsy  Allergies (drug/food)

Other Conditions: \_\_\_\_\_

List allergies to drugs/food: \_\_\_\_\_

List ALL medications your child is taking: \_\_\_\_\_

Does your child have health care insurance (CHIP, Medicaid or Private) coverage?  Yes  No

### Required Vaccines

It is required that all children who did not have chickenpox disease get a second vaccine.

Date of 2<sup>nd</sup> chickenpox (varivax) vaccine: \_\_\_\_\_ or my child had chickenpox at age/date \_\_\_\_\_

It is also required that all children in grades 7-12 get a Tdap vaccine and 1 dose of Menactra (meningitis) vaccine to enter 7<sup>th</sup> Grade and 1 dose to enter 12<sup>th</sup> Grade.

Date of Tdap vaccine: \_\_\_\_\_ Dates of Meningitis vaccine: 1 \_\_\_\_\_ 2 \_\_\_\_\_

### State Required Physical

The commonwealth of PA mandates that all students have a physical examination in grades K-1, 6 & 9.

The examination may be done by your family physician or health care provider. If your child is in Grades K-1, 6 or 9, please answer statement below.

1. I will have my child's physical examination to be completed by our family physician or health care provider and sent to the school nurse.  Yes  No

**NOTE: Please send record of physical examination to the School Nurse by September 29<sup>th</sup> or within 1 month of enrollment.**

### Consent to Obtain Health Records

I give consent for the school to obtain immunization information and/or a copy of the last physical from my child's physician.  Yes  No

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Consent for Treatment of Child

In addition to First Aid, the School Nurse may treat my child with the following. Check Yes or No for each:

Tylenol <input type="checkbox"/> Yes <input type="checkbox"/> No (Acetaminophen)	Antacid <input type="checkbox"/> Yes <input type="checkbox"/> No (Stomach ache)	Antihistamine <input type="checkbox"/> Yes <input type="checkbox"/> No No (Allergy medicine)	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No (Advil/Motrin)
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By my signature, I give my consent to the school to carry out ALL items indicated by "Yes" responses above.

\_\_\_\_\_  
Parent/Guardian Signature (Full Name)

\_\_\_\_\_  
Date

Additional Information (Medical conditions, allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_