

**Groton-Dunstable Regional School District
Nurse's Office Emergency Card**

Student Information			
Last Name:	First:	Middle:	
Sex (circle one): Male or Female	Grade/Teacher:	DOB	Bus
Parent/Guardian #1		Parent/Guardian #2	
Name/Relationship:		Name/Relationship:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone	
Email:		Email:	
If a court order exists prohibiting contact between your child and a specific person(s), please list the name of that person(s) and provide the nurse with a copy of the court order:			
Alternate Emergency Contacts			
Name/Relationship:		Name/Relationship:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone	
Student Medical Information			
Does your child have any of the following? (check those areas that apply)			
<input type="checkbox"/> Sting Allergy		<input type="checkbox"/> Asthma	
Does your child have epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child have an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Food Allergy – please list:		<input type="checkbox"/> Other Allergy – please list:	
Does your child have epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child have epinephrine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other health concerns?			
List medications your child takes regularly at home:			
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's doctor's name:		Phone:	
Child's dentist's name		Phone:	
Please note: Written parental consent required for <u>all</u> medications (prescriptions & over-the-counter). They must be in the original container and will be kept in the nurse's office. Students <u>cannot</u> carry medications other than emergency medication pre-approved by nurse. Students are not allowed to transport medicines on the bus.			
Your signature below authorizes the school nurse administer the following medications to your child as indicated by the school medication protocols. After 10 doses have been administered, a physician's order will be required. Ibuprofen and acetaminophen can be administered from nurse's office supply. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Acetaminophen: <input type="checkbox"/> Yes <input type="checkbox"/> No Ibuprofen: <input type="checkbox"/> Yes <input type="checkbox"/> No </div>			
Parent/Guardian Signature:			Date: