

Child's Last Name: _____ First Name: _____ Middle Name: _____

Grade: _____ Birth Date: _____ School Building: _____

Sergeant Bluff – Luton Community Schools 2017-18 School Year
Permission to Administer First Aid and/or Emergency Assistance

When a student becomes ill or is injured at school, the school district shall attempt to notify the student's parents as soon as possible. An ill or injured child will be turned over to the care of the parents or qualified medical employees as quickly as possible. (507.4)

Physician's Name: _____ Physician's Phone #: _____

Dentist's Name: _____ Dentist's Phone #: _____

Health Condition	Treatment	Circle
1.		At home &/ or At school
2.		At home &/ or At school
3.		At home &/ or At school
4.		At home &/ or At school
5.		At home &/ or At school

***NOTE: Please include all conditions, even if we have them on file**

ALLERGIES (food, medication or environmental) Has an Epi-Pen been prescribed? YES _____ NO _____

- If milk, a *Diet Modification Request Form* must be completed by your child's physician. Please contact school nurse prior to the first day of school so accommodations can be made if needed.
- If allergy requiring Epi-Pen, please contact nurse. **Epi-Pen must be at school by the first day.**
- Student Health information will be shared with staff as needed

The following Over the Counter (OTC) medications may be given based on student's weight:

Tylenol: yes _____ no _____ Ibuprofen: yes _____ no _____ (All other OTC must be provided by parent/guardian)

Please list **Emergency Contacts** for your child. In the event of an illness or emergency, we will first contact the child's parent/guardian as listed on registration paperwork. Who might we call and share health information with if the parent/guardian is not reached?

1st Emergency Contact/Relationship: _____

Phone numbers: H: _____ W: _____ C: _____

2nd Emergency Contact/Relationship: _____

Phone numbers: H: _____ W: _____ C: _____

I authorize the Sgt. Bluff – Luton Community School principal, his/her designee, or the school nurse at Sgt. Bluff – Luton Community School to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on any physician or surgeon licensed to practice in the State of Iowa, when the need of such treatment is immediate and when efforts to contact me are unsuccessful. **Permission granted: _____ Yes _____ No**

Parent / Guardian Signature

Date