

MAHWAH TOWNSHIP PUBLIC SCHOOLS

EMERGENCY MEDICAL INFORMATION SHEET

Grades 9-12

Please return this form to school immediately.

Student _____ Grade _____ Birth Date(MM/DD/YY) _____ Sex M F
(last) (first)

PARENTS ARE REQUIRED TO REVIEW AND UPDATE CONTACT INFORMATION ANNUALLY AND AS NEEDED VIA THE PARENT PORTAL ON "REALTIME"

***** I have logged onto the Realtime Parent Portal to update and review my emergency contacts. _____
Initial

My Child:

- 1. has the following medical conditions: _____
- 2. is on the following medication(s): _____
- 3. has the following allergies which may affect him in school: _____

- I authorize the school nurse to release information to pertinent school personnel regarding health concerns/medical needs that may impact my child's safety or performance in school.
- The information above is for the health office only. Do not share.

To enable us to care for your child, please provide the name and phone number of your child's doctor:

Doctor's Name: _____ Phone: _____

If neither parent can be contacted, I authorize the school to take such emergency measures as are necessary.

(Date) (Signature of Parent or Guardian)

Parent Permission Requests

I consent to scoliosis screening. (grades 5-12)

Our school physician, Dr Everett Schlam, has approved the administration of Advil and Tylenol at the high school level only. The school nurse may, with written parent permission, administer these medications as needed, based on nursing assessment.

I give permission for the school nurse to administer the age appropriate dose of the following medications to my son/daughter:

Tylenol (Acetaminophen)

Advil (Ibuprofen)

Parent Signature _____ Date _____
