

Lower Pioneer Valley Educational Collaborative
Career and Technical Education Center
174 Brush Hill Avenue, West Springfield, MA 01089

STUDENT EMERGENCY INFORMATION FORM

It is very important that all the blanks are filled in fully. Changes must be reported to the school nurse immediately.

Student Name _____ Grade _____

Home Address _____
(Street) (City/Town) (Zip)

Primary Phone Number _____ Secondary Phone Number _____

Student Email _____

Parent/Guardian Email _____

Custodial parent(s)/legal guardian(s) _____

Relationship to student _____ Primary language(s) spoken at home _____

Home Address _____
(Street) (City/Town) (Zip)

In case we cannot contact you, please list two people who will assume temporary responsibility for this student:

Name _____ Relationship to student _____

Primary Phone _____ Secondary Phone _____

Name _____ Relationship to student _____

Primary Phone _____ Secondary Phone _____

Medical Information:

Please note any medical conditions and their symptoms.

Please note any allergies and their symptoms.

Please list any medication student is currently taking at home: (If the student requires medication during school hours, please refer to the Medication Administration policy in the handbook)

I give permission for the school nurse or his/her designee to administer the following over the counter medication to my child. According to protocols established by the school physician. I have crossed out any products I do not want given. I understand that I may call the school nurse for further information. This form must be renewed every year.

BETADINE SCRUB (Povidone Iodine) – for cleansing
BACTINE - for cleansing minor wounds and piercings
HYDROGEN PEROXIDE - to clean deep and/or heavily contaminated wounds
BACITRACIN an antibiotic ointment used on wounds at high risk for infection
SALINE SOLUTION for rinsing of eye or contact lenses
CALADRYL GEL – for the relief of itching due to insect bites and plants
HYDROCORTISONE 1% w/ ALOE CREAM for relief of itching from minor rashes caused by allergic action or eczema – skin intact
SOLARCAINE – for relief from sunburn, insect bites with intact skin
SILVADENE CREAM – for relief of 1st degree or minor 2nd degree burns
THROAT LOZENGES - for the temporary relief of cough/scratchy throat without fever present

TYLENOL 500-1000mg (1 to 2 tablets every 4 hours) for relief of mild to moderate pain*
IBUPROFEN 200-400mg (1 to 2 tablets every 4 hours) - for relief of moderate pain*
*severe pain or fever will be referred to parent/guardian
ANTACID TABLET (1 to 2 tablets every 2 hours) - for relief of heartburn/gas
BENADRYL 25-50mg (every 4-6 hours) – for allergic reaction
EPI PEN 0.3mg – intramuscularly (arm or thigh) for severe allergic reaction.
Emergency services and parent/guardian will be notified. In the event that symptoms re-occur before emergency services arrive, the dose may be repeated one (1) time.

My signature below attests that the above information is correct. Should any changes occur, I understand that I am responsible for notifying the school nurse. My signature gives permission to the Career and Technical Education Center to secure a copy of the above named student's health record from the sending school. In case of an emergency, and you are unable to reach any of the persons listed above, I give my permission for emergency medical treatment at the most appropriate medical facility.

Signature(s) of Legal Guardian(s) _____ Date _____