

MEDICAL INFORMATION

Parent/Guardian (PRINT) Name: _____

Parent/Guardian Signature: _____

Student (PRINT) Name: _____

Notes regarding medication and phone contacts:

Holmstead students may request to take Tylenol, Advil and cough drops with permission from Parents or Guardians. In order for me to give your child these over the counter medications for the 2016-2017 school year, you will need to sign and return this form. These medications will be given once during the school day.

Please inform me of all current medications, dosages and times. **NOTE: WE HAVE FOUND IT VERY HELPFUL TO HAVE AN EMERGENCY SUPPLY OF MORNING MEDICATIONS.** Provide a current prescription bottle, a valid prescription and couple of doses of medication to prevent you from having to make the long trip to school in the event your son or daughter should miss a dose of medication.

- Any student who needs to take medication during the day (including students with inhaler or nebulizer medications) must have medications in an original container and a valid prescription for that medication on file. Any changes throughout the year can be faxed to us at: 201 447-4608.
- **Please provide current phone numbers for all parents and guardians. Work numbers, home numbers and, most importantly, CELL numbers should be provided if we need to reach you during the day. Please provide an alternative emergency contact who has permission to transport your child home in the event they become ill (e.g., neighbors, family members, older siblings).**

My son/daughter: _____ has permission to take Tylenol, Advil or cough drops as needed once during the day while at school. YES _____ NO _____

ALLERGIES:

My son/daughter is currently taking the following medications: _____

Contact Phone Numbers

Work: _____

Cell: _____

Alternative Contacts: _____

I look forward to meeting all of you on Back to School Night. If you have any questions or concerns regarding your child, please feel free to contact me at the school.

Grace M. Flaherty, BSN, RN, CSN