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

Student Information			
Last Name:	First:	Middle:	
Gender:	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)

☐ Sting Allergy Does your child have epinephrine? ☐Yes ☐No	☐ Asthma Does your child have an inhaler? ☐Yes ☐No
☐ Food Allergy – please list: Does your child have epinephrine? ☐Yes ☐No	☐Other Allergy – please list: Does your child have epinephrine? ☐Yes ☐No

Other health concerns?

List medications your child takes regularly at home:

Does your child have health insurance? ☐ Yes ☐No

Child's doctor's name:	Phone:
Child's dentist's name	Phone:

Please note: Written parental consent required for all medications (prescriptions & over-the-counter). They must be in the original container and will be kept in the nurse's office. Students cannot 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.

Acetaminophen: ☐ Yes ☐No **Ibuprofen: ☐ Yes ☐No**

Parent/Guardian Signature: **Date:**