

# Student Emergency Information-

## (Student File, Field Trip, Evergreen Care)

Student's Name(s) and Grade(s) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Legal Guardian Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Best form of communication during school hours (please circle one)**

Cell Phone   Home Phone   Work Phone   Email   Text Message

Father/ Legal Guardian: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Best form of communication during school hours (please circle one)**

Cell Phone   Home Phone   Work Phone   Email   Text Message

**Marital Status (please circle)**

Married   Separated   Divorced   Other

**Child lives with (please circle)**

Mother/Legal Guardian ONLY   Father/Legal Guardian ONLY   BOTH

**Other Emergency Contacts** – List two local contacts other than parents/guardians.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Consent for Administration of Acetaminophen/ Ibuprofen- (Student File)

Occasionally your child(ren) may benefit from a dose of acetaminophen (non-aspirin) or ibuprofen during the school day for the relief of fever or pain. For these occasions (especially if we cannot reach you), the school office staff maintains a **limited** supply of the medication.

If you would like PFS to administer acetaminophen or ibuprofen, please complete this form and return it to the main office. If your child needs medication for an extended time, you must supply the medication in the original container and complete a separate permission form for each.

Acetaminophen and ibuprofen are our only stock medications.

**Student's Name(s):** \_\_\_\_\_

\_\_\_\_\_

Date(s) of Birth \_\_\_\_\_ Grade(s) \_\_\_\_\_

I authorize the school office staff to be my agent to administer to my child(ren):

**Acetaminophen (non-aspirin)** (Check dosage desired)

- Administer appropriate dosage according to age
- Do NOT administer acetaminophen
- Other (please explain) \_\_\_\_\_

**Ibuprofen** (Check dosage desired)

- Administer appropriate dosage according to age
- Do NOT administer ibuprofen
- Other (please explain) \_\_\_\_\_

This form authorizes administration for one school-year from **date** of signature.

Parent/ Legal Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_