

MONTOURSVILLE AREA SCHOOL DISTRICT
FIRST AID & EMERGENCY CARD

Bus # _____

Date of Birth _____

School Year _____

Home Room Teacher _____

Grade _____ Male/Female _____

PLEASE PRINT

Student: _____ Home Phone: _____
Last First

Address: _____ City: _____ Zip: _____

Lives with: Mother _____ Father _____ Both _____ Other _____ (explain) _____

Mother: _____ Father: _____
(Guardian) (Guardian)

Place of Employment: _____ Place of Employment: _____

Phone: _____ cell: _____ Phone: _____ cell: _____
(work) (work)

Emergency Names: 1. _____ Phone: _____

When Parent _____ relationship (between 8:00 am and 3:00pm)

Unavailable 2. _____ Phone: _____

relationship (between 8:00am and 3:00pm)

Doctor: _____ Phone: _____ Permission given to contact Doctor ___ Yes ___ No

Health Problems/Medications: _____

Allergies: _____

Information may be shared with appropriate staff

SCHOOL NURSE HAS PERMISSION TO ADMINISTER THE FOLLOWING MEDICATIONS: (dosage per age/weight)

Acetaminophen _____ Ibuprofen _____ Tums _____ Antibiotic Ointment _____ ½% Hydrocortisone Cream _____ Permission to send to Hospital _____

Parent/ Guardian signature _____ Email Address _____

Signature gives permission to provide care based on school physician's standing orders.