MCIU MONTGOMERY COUNTY INTERMEDIATE UNIT 23

2 West Lafayette Street | Norristown PA 19401 | 610-755-9400 | www.mciu.org

2020-2021
EMERGENCY FORM

STUDENT NAME:_____ **DOB:**_____
(Last) (First)

ADDRESS:_____

_____

PARENT/ GUARDIAN: ***Name***:_____

Address:_____

_____

Parent email address:_____

Home #:_____ **Work #**:_____ **Cell #:** _____

PARENT/ GUARDIAN: ***Name:***_____

Address: _____

_____

Parent email address:_____

Home #:_____ **Work #**:_____ **Cell #:** _____

IF THE PARENT OR GUARDIAN IS UNAVAILABLE, SHOULD AN EMERGENCY SITUATION OCCUR, THE FOLLOWING PEOPLE SHOULD BE CONTACTED.

NAME:_____ **RELATIONSHIP:**_____

Home #:_____ **Work #**:_____ **Cell #:** _____

NAME:_____ **RELATIONSHIP:**_____

Home #:_____ **Work #**:_____ **Cell #:** _____

***See reverse side**

2020-2021 **Student:**_____
EMERGENCY FORM
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Any known drug allergies:_____

List any medication student is currently taking:

MEDICATION NAME	DOSAGE	TIME GIVEN

Special notes regarding your child:_____

_____

Protocol regarding missed doses: (student refuses) _____

I give permission for my child to receive prescription medication in school. These medications must be in their original pharmacy container, with specific instructions from the physician listed on the bottle for the R.N.

YES_____ NO_____ (Please Initial)

I give permission to The Anderson School Principal/Nurse/Clinical staff to communicate and/or exchange information, if necessary, with my child's physician.

YES_____ NO_____ (Please Initial)

Name of Physician:_____ Phone #:_____

I give permission to the Principal or Clinical staff to communicate and exchange information with my child's counselor, therapist, psychologist, psychiatrist or wraparound:

YES_____ NO_____ (Please Initial)

Name:_____ Agency:_____ Phone #:_____

_____ _____

Parent/Guardian Signature Date

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MONTGOMERY COUNTY INTERMEDIATE UNIT
The Anderson School
930 Jefferson Avenue, Eagleville, PA 19403
610-635-2400

SUBJECT: Over-the-Counter Medications

Dear Parents/Guardians:

According to The Anderson School's Medical Standing Orders, the following medications may be administered to students by the School Nurse or School Nurse Substitute. However, your consent is needed to do so.

Also, if any of these medications is required for indefinite or daily use, our Medical Standing Orders require a written consent from the primary care physician.

Please fill in the student's name, initial each medication that may be given at school, and return to the school. **This form must be on file, or these medications cannot be administered to your student.**

Name_____

_____Acetaminophen (i.e. Tylenol)
_____Anbesol or Orajel (or generic)
_____Antacid (i.e Tums—NOT Pepto-Bismol, which contains salicylates)
_____Antibiotic cream or ointment (i.e. Neosporin or generic)
_____Antifungal cream (i.e. Lotrimin or generic)
_____Antihistamine cream/lotion (i.e. Caladryl—Calamine lotion containing Benadryl)
_____Antihistamine (oral medication, i.e. Benadryl)
_____Anti-itch cream/lotion (i.e. Calamine Lotion)
_____Cough drops/throat lozenges/throat gargle
_____First Aid cream
_____Epi Pen (for severe allergic reaction)

Does Student have an allergy or sensitivity to

Aspirin YES_____ NO_____
Benadryl YES_____ NO_____

NOTE: Aspirin or products containing aspirin (salicylates) will not be administered in the school setting.

Parent/Guardian Signature Date

***See reverse side**

Agency Intervention:

Has student received services from an outside agency in the past? Y or N
Agency:_____ What were the results?_____

_____

_____

Is student currently receiving services from an agency? Y or N
Agency:_____

Reason:

_____

_____

Contact Person:_____ Contact's Phone #:_____

Psychologist/Psychiatrist:_____ Phone #:_____

Involvement with Children & Youth: Y or N Reason:_____

_____

Case Worker:_____ Contact #:_____

Involvement with Law Enforcement: Y or N

Reason:_____

_____

Name of Probation Officer:_____

Probation Officer #:_____

Date Placed on Probation:_____

Medical History:

Known Medical Conditions:_____

Any Additional Medical Information:_____