



# Emergency Care/Medication Teacher and Extended Care

Child's Name: \_\_\_\_\_

List those who your child may be released to for pick-up after school or in case of illness or emergency. (FOR YOUR CHILD'S PROTECTION, ID MAY BE ASKED FOR AT ANYTIME)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

In order to keep this student in optimum health and to help maintain maximum school performance, it is necessary that this medication be given during school extended care hours:

List any maintenance medications:

Prescribing Health Care Clinician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check type of medication:  Prescription  Emergency/Rescue  Over the Counter

Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

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If medication is to be given only as needed, please indicate specific circumstances when medication:

Should be given: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Side effects: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number for the Parent/Guardian: \_\_\_\_\_