

Oyster River Cooperative School District
36 Coe Drive, Durham NH 03824-2200 (603) 868-5100

STUDENT EMERGENCY AUTHORIZATION FORM

School: Mast Way Moharimet Middle School High School Grade:

Student Name: Address: *Student resides with: Name(s) DOB: / / Town: Relationship: Home Phone: Zip:

*If student does not reside with both parents, a court decree or legal agreement establishing custody must be on file at school for child to enter/continue school.

Parent/Guardian Name: Cell phone: Employer: Work phone: E-mail: Alternate e-mail or phone: Parent/Guardian Name: Cell phone: Employer: Work phone: E-mail: Alternate e-mail or phone:

IN CASE OF EMERGENCY OR ILLNESS

If parent/guardian is not available, contact:

Name: Address: Town: Phone: Name: Address: Town: Phone: Family physician: Address: Town: Phone: Family dentist: Address: Town: Phone: Family Insurance (agency & address): Certificate number: School Insurance (check one): Yes, Plan 1/24 hr Yes, Plan 2/schooltime No plan

MEDICAL INFORMATION

- a) (Tylenol) may be given? Yes No
Antacids (Tums) may be given? Yes No
Ibuprofen may be given? Yes No
Topical creams may be applied? Yes No
b) Student wears glasses? Yes No
Student wears contact lenses? Yes No
c) Allergies? Yes No
d) Asthma? Yes No
e) Date of most recent DPT (Diphtherial/Tetanus) Immunization Booster: / /
f) Medication(s) taken regularly; please specify:
g) Significant health issues or surgeries in the past year? Specify: (i.e. Bacitracin, Bactine, 1% Hydrocortisone, Caladryl, Anbesol, Blistex)
h) History of head injury, other medical condition(s)? Specify:
If yes, please specify:
If yes, does your child use an inhaler? Yes No

CERTIFICATION:

I/we understand that the school cannot guarantee the safety of students, but rather that it is the school's obligation to take due care and exercise reasonable precautions for the safety and well-being of students. My/our child also has responsibility for his/her safety and the safety of others. I/we understand that the school district does not have insurance coverage for student accidents and that the school relies on the parents/guardians of children to carry either accident or health insurance to protect them from medical costs arising from accidental injury. I/we state that I/we are residents of the Oyster River School District, or paying tuition from ; that the information provided on this form is true and complete; that I/we will immediately advise the school of any changes to the above; and that I/we understand that the school will rely upon the information on this form in all matters and actions involving my/our child.

AUTHORIZATION:

In case of medical emergency, in the event that I/we cannot be reached, I/we authorize the Oyster River School District, its agents, employees, and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including transportation and hospital care, to be rendered to my/our child by or under the supervision of any duly licensed health care provider. A copy of this authorization is to be accepted as valid as the original.

Parents'/Guardians' signatures needed Name Date Name Date

NOTE TO PARENT/GUARDIAN: It is important that the parent/legal guardian notify the principal and school nurse immediately of any modifications to the above information.

Complete, print, sign and return form within seven days to your child's school.