

USJ UPPER SCHOOL MEDICAL AND EMERGENCY INFORMATION

Name _____
Social Security _____
Address _____

Date of Birth _____
Home Phone _____
Email: _____
Grade _____ School Year _____

Please answer the following questions about the parent(s) with whom the student lives:

Mother

Name _____
Business Address _____
Business Phone _____
Cell Phone _____
Normal Working Hours: _____ to _____
Student's Medical Doctor _____
Student's Dentist _____
Insurance Company & Policy Number _____

Father

Name _____
Business Address _____
Business Phone _____
Cell Phone _____
Normal Working Hours: _____ to _____
Doctor's Phone _____
Dentist's Phone _____

In case of illness or accident, or if the student has not been picked up by closing time, and the parents cannot be reached, please name two other adults who will serve in place of parents.

Name _____ Relation _____ Phone _____
Name _____ Relation _____ Phone _____

MEDICAL AUTHORIZATION AND HEALTH INFORMATION

The staff has my permission to administer the following non-prescription medication to my child:
(Please check those you want administered.)

- | | | | |
|------------------------------|--------------|--------------------|--------------|
| 1. ___ Tylenol | Dosage _____ | 2. ___ Ibuprofen | Dosage _____ |
| 3. ___ Stomach Coating Agent | Dosage _____ | 4. ___ Cough Drops | |

The staff has my permission to administer the following prescription medication to my child:

Prescription _____ Dosage _____

Additionally, faculty and staff are allowed to use topical antibiotic ointments for minor cuts and abrasions and hydrocortisone creams or sprays for itching. In the event I cannot be reached immediately, I agree that in case of accident or injury, emergency medical care may be given, and if it should be necessary my child may be transported at my expense to the emergency room of the nearest medical facility.

Please list any additional conditions we need to be aware of:

I certify that to the best of my knowledge _____ is in good mental and physical health and able to participate in the full USJ program and activities

Date _____ Parent/Legal Guardian Signature _____