

SJS Medical Permission Form

Student Name: _____

Grade: _____

Acetaminophen (Tylenol) Permission ___ yes ___ no

I give permission for _____ to receive Acetaminophen (Tylenol), according to the standing order from Dr. Fong, the District Medical Advisor. Your child may receive Acetaminophen for the following:

1. A temperature of 101 degrees or above and the parent has been called to pick up the child
2. Other conditions for which Acetaminophen may be administered are: Headache, menstrual cramps or painful injury.

Parent Signature: _____

Date: _____

Authorization for a Life-threatening Situation or Medical Emergency

In the event of a life-threatening situation or what the school deems to be a medical emergency, I understand the school will call 911 and request an ambulance or police transport to a hospital for emergency treatment. I further understand the school will make every effort to contact me directly before transport. I understand that I will assume full responsibility for the payment of any transport or emergency medical services rendered. If the situation is not life threatening or what the school deems to be a medical emergency, but other attention is needed, I understand that it will be necessary to have the student picked up by a parent, guardian, or other approved designee.

Parent Signature: _____

Date: _____

Medical Information Consent

The information on this form may be shared confidentiality with school staff and emergency responders as needed. I give permission for the release and exchange of information of any health issues between the school nurse and health care providers for confidential use in meeting my child's health and educational needs in school.

Parent Signature: _____

Date: _____