



HR: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Bus #: AM \_\_\_\_\_ PM \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

<b>Guardian 1:</b>	Parent Name	Home Phone	Cell Phone

Employer	Employer's Phone

Email Address	Guardian 1 Lives at the same address
	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Guardian 2:</b>	Parent Name	Home Phone	Cell Phone

Employer	Employer's Phone

Email Address	Guardian 2 Lives at the same address
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Custody Agreement: Yes  No  Custody Agreement on File: Yes  No

Special Custody Considerations:

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**Emergency Contacts:**

Name	Phone	Relationship

Name	Phone	Relationship

**Medical Alert Information**

Medical Conditions: \_\_\_\_\_

Other existing conditions: \_\_\_\_\_

My Child is on medication for: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Required during school hours: Yes  No

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read the attached standing orders for my first aid and student care to be followed by the school nurse, assistant school nurse or designated school personnel.

1.  I approve for my child
2.  I do not approve
3.  I approve with these exceptions \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

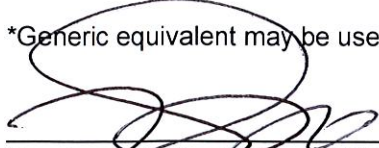
**HEMPFIELD AREA SCHOOL DISTRICT  
POLICY REGULATING ADMINISTRATION OF MEDICATIONS AND  
TREATMENTS BY SCHOOL NURSE**

**STANDING ORDERS FOR FIRST AID AND STUDENT CARE  
2017-2018 SCHOOL YEAR**

PROBLEM (Condition)	TREATMENT
<b>Parents will be notified if their child requires medication or ambulance transport to a hospital</b>	
Minor Sore Throat	Warm saline gargle, 1/2 tsp of salt per. 8 ounces of water
<u>Burns:</u> First degree, minor second degree	Bacitracin ointment or Bacitracin Zinc, apply topically
<u>Skin:</u> Irritation: poison ivy, mosquito bites, etc.  Abrasions, minor lacerations  Dry skin	*Calamine, apply topically to affected area *Clear Caladryl, apply topically to affected area  Bacitracin ointment ,apply topically, sterile dry dressing after cleansing with Dial antibacterial soap – hydrogen peroxide  Vaseline Intensive Care Lotion, apply topically to affected area Eucerin, apply topically to affected area
<u>Mouth:</u> Toothache/Pain  Chapped lips	Orajel or Orastat with benzocaine, apply to affected area  Vaseline
<u>Eye Irritation:</u>  Soft contact lenses	Water irrigation Saline Solution for rinsing soft lenses
<u>Allergic reaction:</u>  Localized reaction to insect sting, food, or medication	*Sting-Kill swabs, apply topically to sting sites *Benadryl orally (age/weight appropriate dose)
Systemic Reaction	Epipen/Epipen Jr - following directions. Epipen Jr if wt. < 70 lb. Transport to hospital via ambulance
<u>Infectious Process:</u> Temperature (oral) >= 102.5 F. Parent will be requested to take student home.	*Tylenol—orally--every 4-6 hours 36 – 47 lbs. 240 mg. 48 – 59 lbs. 320 mg. 60 - 71 lbs. 400 mg. 72 – 95 lbs. 480 mg. 96 lbs and over 650 mg.
Suspected Drug Overdose	Naloxone nasal spray or auto injector

The above standing orders are in addition to treatment as outlined by American Heart Association First Aid. If symptoms persist, physician follow-up is suggested.

\*Generic equivalent may be used.

  
Dr. James Masterson, 724-689-1070  
School Physician for Hempfield Area School District

Date

7/1/17