

Oyster River Cooperative School District

School Administrative Unit #5, 36 Coe Drive, Durham, NH 03824-2200 (603) 868-5100

STUDENT EMERGENCY AUTHORIZATION FORM

School: Mast Way Moharimet Oyster River Middle School Oyster River High School Grade: _____

Student Name: _____ (Last) _____ (First) _____ (M.I.) DOB: _____ Home Phone: _____

Address: _____ Town: _____ Zip: _____

Student Resides with*: Name(s): _____ Relationship: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ E-Mail: _____

Alternate E-Mail or Phone: _____ Alternate E-Mail or Phone: _____

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

IN CASE OF EMERGENCY OR ILLNESS

If a parent/guardian is not available, contact:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Insurance Company/Address: _____ ID or Policy #: _____

School Insurance (check one): Yes, Plan #1; 24 hr Yes, Plan #2; School Time No Plan

MEDICAL/HEALTH INFORMATION

OTC MEDICATIONS: Please check any of the following over-the-counter medications (OTC) that may be given at school;

Topical Medications: (i.e.: Anbesol, Bactine, Bacitracin, Blistex, Caladryl, 1% hydrocortisone cream) **Yes No**

Acetaminophen **Yes No**

Ibuprofen **Yes No**

Antacid (Tums) **Yes No**

Student wears glasses? **Yes No**

Student wears contact lenses? **Yes No**

MEDICAL INFORMATION: List all significant health issues, acute and/or chronic conditions, surgeries, head injuries, concussions, etc...

MEDICATIONS TAKEN REGULARLY: Please list; _____

ALLERGIES?: **Yes No** If yes, please specify; _____

Does your child use an Epi-pen? **Yes No**

If yes, does he/she have a prescription to carry it in school? **Yes (Please have it on file with the school nurse.)** **No**

ASTHMA?: **Yes No** If yes, does your child use an asthma inhaler? List: _____

If yes, does he/she have a prescription to carry it in school? **Yes (Please have it on file with the school nurse.)** **No**

SPECIAL DIET OR FOOD RESTRICTIONS?: **Yes (Please specify; _____)** **No**

IMMUNIZATIONS: Date of most recent Diphtheria/Pertussis/Tetanus (DTP or Tdap) Booster: _____

Please do not enter "up-to-date": _____ Month/Day/Year

New Students, Kindergarteners, 5th, and 9th graders must submit a recent completed and signed physical examination the first day of school.

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 are residents of the Oyster River School District, or paying tuition from _____; that the information provided on this form is true and complete; 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 of 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 the School Nurse immediately of any modifications to the above information.

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