

HEALTH FORM #2 – AUTHORIZATION FORM

Student's Name (print) _____
Last First Middle Initial

Date of Birth: _____ **Telephone Number:** _____

A health care provider (registered nurse) will be on site at all times. A health care provider will administer first aid, life support in the form of CPR, and/or call emergency personnel and transportation as deemed necessary. If, in the opinion of the health care provider, the student needs further emergency medical care, the student will be transported to Good Samaritan Medical Center, the closest hospital.

Health advice and education will be given as needed for illness and injury prevention. A record of students treated will be maintained to enable the health care provider to monitor health conditions and reduce the risk of disease transmission.

Students are generally not allowed to self-administer medication with the following exceptions:

1. Students that require **inhalers**, emergency **epinephrine**, and **pancreatic enzymes** can carry and self administer these medications with a physician's consent.
2. Topical medications such as acne medications may be self-administered. **If you wish your child to self-administer any other medications, please contact the nurse for an individual consultation.**

We keep the following medications on hand. Please indicate if we have your permission to administer these medications at the discretion of the health care provider or designee.

Yes	No	Yes	No
___	___	___	___
___	___	___	___
___	___	___	___

Antihistamine (Benadryl) Ibuprofen (Advil)
Acetaminophen (Tylenol) Cough Drops
Sore Throat Spray TUMS

___ other (list any over-the-counter medicines your child may use at PCC). Parent must provide:

I _____ Date _____ (PARENT/GUARDIAN signature and date)
authorize the PCC health provider or designee to administer the above medications, marked "yes", as he/she deems appropriate to my child while in attendance at PCC. I have read the above health and medication policies. I understand and agree to adhere to them.