



# SAINT ANDREW'S SCHOOL

Welles Family Student Health Care Center  
3900 Jog Road – Boca Raton, FL 33434  
561.210.2080 – [infirmary@saintandrews.net](mailto:infirmary@saintandrews.net)

## EMERGENCY MEDICAL INFORMATION FORM – Due August 8, 2011

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
*Last First Middle 2011-2012*

Preferred Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
*Month Day Year*

ADDRESS \_\_\_\_\_  
*Street City State Zip*

- Please list all allergies (i.e., medication, insects, food, environmental): \_\_\_\_\_
- Please indicate any special needs or conditions of which we should be aware: \_\_\_\_\_
- Please list any medication your child takes on a regular basis: \_\_\_\_\_

### CONTACT PHONE NUMBERS:

Father's Info: \_\_\_\_\_  
*Name Home Phone Work Phone Cell Phone*

Mother's Info: \_\_\_\_\_  
*Name Home Phone Work Phone Cell Phone*

Legal Guardian (*Student lives with*) \_\_\_\_\_ Contact Number \_\_\_\_\_

### EMERGENCY CONTACT NUMBERS (*To be used ONLY if parents cannot be reached*):

- Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### MEDICAL/HOSPITALIZATION INSURANCE (*International students are required to purchase school policy*):

Name of Ins. Co. \_\_\_\_\_ Claims Address \_\_\_\_\_ Phone # \_\_\_\_\_

Policyholder's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Policy/Group # \_\_\_\_\_

The patient (a student at Saint Andrew's School) and parents/guardians consent to the transportation to the appropriate facility, and authorization by an administrator or faculty representative of Saint Andrew's School, for any and all emergency medical, psychological, dental, or surgical treatments, including anesthesia and operations which may be deemed advisable by the attending physician or dentist, should any such treatments be deemed advisable or necessary on account of illness, accident, or injury incurred or sustained while the patient is attending school, participating in any school activity, including any practice; training or competition in athletic activities, on or off campus, or otherwise under the supervision of Saint Andrew's School. The intention hereof is to grant authority to administer and to perform all examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted to a hospital is to remain in the hospital until his or her physician recommends the patient's discharge. We further understand that Saint Andrew's School will, in any event where emergency room or hospital treatment for a student is indicated, use due and prompt diligence to notify, and where appropriate, consult with a parent or guardian. We further agree to pay and hold Saint Andrew's School harmless on account of any reasonable medical, dental, or hospital, or other related charges incurred on behalf of the patient.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

★ PLEASE COMPLETE AND SIGN BOTH SIDES ★

**EMERGENCY MEDICAL INFORMATION FORM – Side 2**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
Last First Middle 2011-2012

**MEDICATIONS THAT MAY BE ADMINISTERED BY THE SCHOOL:**

Please check the medications ("meds") permitted. No medications will be given unless indicated on this form by parents.

I give the school permission to administer all listed meds.  I do not give the school permission to administer meds.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acetaminophen (i.e. Tylenol) | <input type="checkbox"/> Menstrual Relief (i.e. Midol)     | <input type="checkbox"/> Tylenol Children's Liquid |
| <input type="checkbox"/> Aleve                        | <input type="checkbox"/> Motrin (Children's Liquid)        | <input type="checkbox"/> Tylenol Allergy           |
| <input type="checkbox"/> Benadryl                     | <input type="checkbox"/> Mucinex DM                        | <input type="checkbox"/> Tylenol Extra Strength    |
| <input type="checkbox"/> Cough Drops/Lozenges         | <input type="checkbox"/> Muscle Gel                        | <input type="checkbox"/> Tylenol Severe Cold       |
| <input type="checkbox"/> DayQuil Cold Tablets         | <input type="checkbox"/> Neosporin (Antibiotic Ointment)   | <input type="checkbox"/> Tylenol Sinus             |
| <input type="checkbox"/> Delsym Cough                 | <input type="checkbox"/> Oranyl PE Plus (Generic Cold)     | <input type="checkbox"/> Visine                    |
| <input type="checkbox"/> Dimetapp                     | <input type="checkbox"/> Pepto Bismol (Liquid or Chewable) | <input type="checkbox"/> Vitamin C (Chewable)      |
| <input type="checkbox"/> Excedrin                     | <input type="checkbox"/> Robitussin                        | <input type="checkbox"/> Tylenol Sinus             |
| <input type="checkbox"/> Hydrocortisone Cream         | <input type="checkbox"/> Suphedrine PE (Decongestant)      |  |
| <input type="checkbox"/> Ibuprofen (i.e. Advil)       | <input type="checkbox"/> Tums                              |  |

Other medications (Please list): \_\_\_\_\_

Saint Andrew's School is required by HIPAA (the Federal Health Insurance Portability and Accountability Act) to preserve the privacy of your child's health information. In accordance with this policy, access to all student health forms is limited to the School nurse or administrative staff, and is only utilized for the safety and protection of your child or in an emergency.

The patient (a student at Saint Andrew's School) and parents/guardians consent to the transportation to the appropriate facility, and authorization by an administrator or faculty representative of Saint Andrew's School, for any and all emergency medical, psychological, dental, or surgical treatments, including anesthesia and operations which may be deemed advisable by the attending physician or dentist, should any such treatments be deemed advisable or necessary on account of illness, accident, or injury incurred or sustained while the patient is attending school, participating in any school activity, including any practice; training or competition in athletic activities, on or off campus, or otherwise under the supervision of Saint Andrew's School. The intention hereof is to grant authority to administer and to perform all examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted to a hospital is to remain in the hospital until his or her physician recommends the patient's discharge. We further understand that Saint Andrew's School will, in any event where emergency room or hospital treatment for a student is indicated, use due and prompt diligence to notify, and where appropriate, consult with a parent or guardian. We further agree to pay and hold Saint Andrew's School harmless on account of any reasonable medical, dental, or hospital, or other related charges incurred on behalf of the patient.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**↓ MUST BE NOTARIZED BELOW ↓**

NOTARY SEAL: STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is personally known to me or who has produced (type of identification) \_\_\_\_\_ and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature