

Student Health & Emergency Information

Please complete one per student

Student First Name	Student Last Name	Student Nickname
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Consent To Administer Non-Prescription Medication

Please sign the line below, giving SDJA employees permission to administer the following items to your child whenever necessary:

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Maalox

Tums

Sudafed

Please cross out any item(s) not to be given.

Sign _____ Date _____
Parent/Guardian Signature MM/DD/YYYY

Consent For Emergency Medical Treatment

SDJA can authorize medical care for your child in an emergency ONLY with your consent. Please sign below if you as the parent or legal guardian give consent to SDJA to authorize any emergency medical or dental care prescribed by a duly licensed physician under whatever conditions are necessary to preserve the life, limb or well-being of your dependent.

Sign _____ Date _____
Parent/Guardian Signature MM/DD/YYYY

Emergency Contacts (other than parents)

Contact Name	Relationship to Student	Phone number(s)
1		
2		
3		

Medical Information

Physician's Full Name	Address	Phone
Preferred Hospital Name	Address	Phone
Dentist's Full Name	Address	Phone
Health Insurance Carrier	Policy/Group Number	Primary Insured (Parent Name)