

4. Parent's Authorization for the Academy Staff to Provide or Obtain Emergency Medical Treatment:

As the parent or guardian of the above-named student, I authorize the Academy's nurses—as well as staff members acting under the nurses' guidance in compliance with school—approved procedures—to provide the student with first aid medical treatment or to obtain professional emergency medical assistance as needed. I authorize staff to share the student's medical information as appropriate in providing first aid or emergency medical care. I understand that costs for ambulance and emergency room services are my (the parent's) responsibility and are not covered by the Academy or by its insurance.

Parent's Signature: _____ Date: _____

5. First Aid & Medical Care—Requests, Restrictions (Kindergarten through 12th Grade Only)

Over-the-Counter Medicines—Please indicate (by checking below) over-the-counter medicines that the nurse or other Southampton Academy staff members under her supervision may administer to the student without contacting you for specific permission. (*Excluding Pre-Kindergarten*)

- **Oral Medications** for headache, muscle aches, menstrual cramps, sore braces, seasonal allergies, etc.:
Acetaminophen (Tylenol) _____ Ibuprofen (Advil) _____ Other (provided by the parent) _____
Zyrtec/Claritin _____ Benadryl _____
- **Oral Medications** for mild sore throat, mouth, gum pain or coughing:
Cough Drops (6th-12th Grade only) _____ Chloraseptic Spray/Equivalent _____ Orajel _____
soft peppermint _____
- **Oral Medications** for sour stomach, acid indigestion, diarrhea:
Chewable Antacid Tablets (Tums/Equivalents) _____ Imodium/Equivalent _____
Mylanta/Equivalent _____ Dramamine (nausea) _____
- **Topical Medications** for minor wounds:
Neosporin/Equivalent _____ Vaseline/Equivalent _____ Peroxide (cleanser) _____
- **Topical Medications** for bug bites, hives:
Hydrocortisone Cream _____ Calagel/Equivalent _____ Benadryl/Equivalent spray or lotion _____
- **Intranasal** Medications for runny, stuffy nose; dry, irritated nasal passages or nose bleed:
Afrin/Equivalent _____ Saline (non-medicated) nasal spray _____
- **Intraocular Medications** for dry, itchy eyes:
Visine/Equivalent _____ saline _____ Opcon-A (itchy eyes) _____

6. Parent Does Not Authorize Staff to Give the Student Non-Prescription (over-the-counter) Medicines:

Please initial here to indicate that the student **should not** be given acetaminophen (Tylenol) or ibuprofen (Advil) without specific permission from the parent. _____ By checking here, you request the nurse or another staff member to contact you whenever the student requests or seems to need a minor pain reliever.

7. Parent Authorizes Staff to Give the Student Non-Prescription (over-the-counter) Medicines: (Kindergarten through 12th Grade Only)

As the parent/guardian of the above-named student, I hereby authorize the Academy's nurses or other staff members under her guidance to provide my child with medications as indicated above in compliance with label instructions.

- **I confirm that the student has taken the medicines previously and has suffered no adverse reactions to them.**
- **I understand that the school staff's offering non-prescription medicines in the absence of obvious symptoms is a convenience and courtesy offered by the Academy and is not intended to be diagnostic.**
- **I understand that the school nurse will contact me (the student's parent) regarding proper disposal of unused medicines and/or empty prescription bottles, and that the nurse will dispose of unused medicines seven days after parent notification unless otherwise instructed.**

I hereby release Southampton Academy from any liability in connection with the administration of the requested and authorized medications.

Parent's Signature: _____ **Date:** _____

Parent's Name, Printed: _____ **Date:** _____

8. Medical Data

Child(ren)'s Doctor: _____ **Phone:** _____

Child(ren)'s Dentist: _____ **Phone:** _____

9. Notification of Sickness Authorization

The school will notify the parent(s) when the child becomes ill and parent(s) will arrange to have the child picked up as soon as possible if requested by the school.

Parent(s) will inform the school within 24 hours (or next business day) if the child or an immediate family member develops a reportable communicable disease.

Signature of Parent/Legal Guardian: _____ **Date:** _____