

STUDENT NAME: _____ ID: _____ BLDG: _____ HMRM: _____

BIRTHDATE: _____ HOME PHONE: _____

HOME ADDRESS: _____
(Number/Street) (City) (State) (Zip)

NASD Student Emergency Information and Medical Authorization

Please complete the important information below and verify that all information is complete and accurate. Please be advised that the North Allegheny School District will act as an agent to secure emergency medical treatment for your child if a parent/guardian cannot be contacted.

I give permission for the Nursing Staff to dispense the following medications according to the School District's Physician's Standing Order:

Acetaminophen: YES NO

Ibuprofen: YES NO
(Grades 6 – 12 ONLY)



PARENT/GUARDIAN: _____ DATE: _____
SIGNATURE (Form not valid without Parent/Guardian signature)

EMERGENCY CONTACT INFORMATION: Please provide ALL information for parents/guardians, including work contact, if applicable. Please list at least ONE (1) additional emergency contact other than parent/guardian who may be reached in case of illness or injury, to care for your child. **Any additional contacts should be local and able to pick your child up at school; i.e. relative, family friend, neighbor, etc.**

| Call | Relationship to Student | Contact Name | *Emergency Phone Number | Home Phone | Cell Phone | Work Phone |
|-----------------|-------------------------|--------------|-------------------------|------------|------------|------------|
| 1 st | | | | | | |
| 2 nd | | | | | | |
| 3 rd | | | | | | |
| 4 th | | | | | | |
| 5 th | | | | | | |

PHYSICIAN (PCP): _____ PHONE: _____

Please update any medical information specific to your child: _____

List of allergies: _____ Medication: _____

This form must be returned to the Nurse ASAP in order to reduce any delay at the time of an emergency.