

DERBY SCHOOL DISTRICT 2024-2025
Nurse Emergency Medical Form and OTC Medication Authorization

****Confidential****

Student Name _____ Male/Female _____ School/Grade _____

Home Address _____ Date of Birth _____

Parent/Guardian Info: Name _____
Cell Number: _____ Work Number: _____ Home Number: _____

Parent/Guardian Info: Name _____
Cell Number: _____ Work Number: _____ Home Number: _____

Health Information (Use back side of this form if additional info is to be provided to the nurse)

*History of Asthma? Y N Medication: Y N Triggers: _____

*Allergies? (meds, food, environment, insects) Y N Is an Epi-pen required? Y N

*Specific Allergy: _____

*Has your child been fully vaccinated against COVID-19? Y N (please submit updated immunization record)

*Medical/Mental Health Conditions: _____

*Surgeries/Hospitalizations: Date and Procedure _____

*Medications taken at Home: _____

*Medications at School (MD order must be provided): _____

*Any physical limitations or restrictions for activity? (MD note must be provided) _____

Physician: _____ Phone Number: _____

Does your child have health insurance? Y N Type: _____

I authorize the school nurse in the Derby School District to administer the following medications to my child on an as needed basis, after my child has been assessed by the nurse. These medications will be given per package directions. They have been approved by the Derby Public Schools Medical Advisor (CT Public Act No 212A revised #88-360)

Check ALL that apply: (if it is not checked, nurse cannot give without parent permission)

____ TYLENOL/Acetaminophen 325mg (< 90lbs.) or 650 mg (>90lbs.) by mouth, once per day

____ Ibuprofen/Motrin/Advil 200mg (<90lbs.) or 400 mg (>90lbs.) by mouth, once per day

Can your child swallow pills? | yes | no (if no, liquid Tylenol or ibuprofen can be given)

____ Tums/Antacids- 1 tab for elementary students, 2 tabs for DMS/DHS students by mouth, every 4 hours as needed

____ Bacitracin/triple antibiotic ointment as needed for cuts, abrasion

____ Cough drops as needed (provided by school nurse)

Signature of Parent/Guardian

Date