



MT. BETHEL CHRISTIAN  
**ACADEMY**

# 2018-2019 Emergency Contact & Medical Consent Form

Grade (2018-2019): \_\_\_\_\_

\_\_\_\_\_  
Student's Name Home Phone Date of Birth

\_\_\_\_\_  
Address City Zip Code

\_\_\_\_\_  
Mother's Name Cell Phone Email

\_\_\_\_\_  
Father's Name Cell Phone Email

**HEALTH HISTORY** (List any health conditions, surgical procedures or other concerns that require your child to be under a physician's care currently or in the past): \_\_\_\_\_

**Allergies** (Medications, Food or Seasonal): \_\_\_\_\_

**Medications** (Daily meds, inhalers or medications taken as needed): \_\_\_\_\_

### Medication Administration

If your child needs to take a prescription medication/inhaler during school hours, occasionally or daily, it must be brought into the Clinic by a parent or legal guardian in the original labeled prescription bottle/packaging with a completed **Medication Administration Form (MAF)**. Any changes to prescription medications that are to be administered at school will require a new **MAF** and an updated prescription bottle/packaging. Ask your pharmacist for an extra, labeled prescription bottle/packaging for school. All unused medications that are not picked up at the end of the school year will be discarded. Expired medications/inhalers will not be administered if brought into the clinic for your child.

In addition, any student with an allergy requiring an EpiPen or Auvi-Q prescription must have a current **Allergy Action Plan** (completed & signed by a physician) on file in the clinic each school year, as well as a current **MAF**. Students with asthma should have a current **Asthma Action Plan** (completed & signed by a physician) on file in the clinic each year. **Medication Administration Forms** can be downloaded from the MBCA website and the **Allergy & Asthma Action Plan** forms can be obtained from the school's registered nurse.

### Consent for Medication - circle YES or NO

I authorize the Mt. Bethel Christian Academy registered nurse or other qualified personnel to administer the following over-the-counter (oral/topical) medications when providing basic first aid or in the treatment of illness or injury during school hours and/or during any school sponsored activity/program. Medication dosages are determined by a student's age and weight.

<i>Aches/Pain/Fever -</i>		<i>Stuffy Nose/Sinus Pressure -</i>	
Acetaminophen (Tylenol)	YES NO	Phenylephrine (Sudafed PE)	YES NO
Ibuprofen (Advil/Motrin)	YES NO	<i>Cough Suppressant -</i>	
<i>Upset Stomach/Heartburn/Gas -</i>		Dextromethorphan (Delsym, Robitussin)	YES NO
Calcium Carbonate (Children's Pepto Chewables)	YES NO	Cough drop/Throat Lozenge	YES NO
Calcium Carbonate (Tums)	YES NO	<i>Minor Cuts/Abrasions/Burns -</i>	
<i>Seasonal Allergies -</i>		Topical Antibiotic Ointment (Bacitracin)	YES NO
Cetirizine (Zyrtec)	YES NO	Petrolatum (Aquaphor/Vaseline)	YES NO
<i>Allergic Reaction -</i>		<i>Skin Irritation/Rash/Insect Bite -</i>	
Diphenhydramine (Benadryl)	YES NO	Hydrocortisone Cream	YES NO

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