



# Del Mar Pines School Emergency Instructions For Summer Discoveries 2019

*Please print legibly.*

Name of child: last \_\_\_\_\_ first \_\_\_\_\_ D.O.B. \_\_\_\_\_ grade **fall '19:** \_\_\_\_\_  
last \_\_\_\_\_ first \_\_\_\_\_ D.O.B. \_\_\_\_\_ grade **fall '19:** \_\_\_\_\_  
last \_\_\_\_\_ first \_\_\_\_\_ D.O.B. \_\_\_\_\_ grade **fall '19:** \_\_\_\_\_

Name of Parent/Guardian: last \_\_\_\_\_ first \_\_\_\_\_  
Name of Parent/Guardian: last \_\_\_\_\_ first \_\_\_\_\_

Residence Address: \_\_\_\_\_ city: \_\_\_\_\_ zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ city: \_\_\_\_\_ zip: \_\_\_\_\_  
Email Address: • father: \_\_\_\_\_ • mother: \_\_\_\_\_  
Business Telephone: father: (\_\_\_\_) \_\_\_\_\_ mother: (\_\_\_\_) \_\_\_\_\_  
Cellular Telephone: father: (\_\_\_\_) \_\_\_\_\_ mother: (\_\_\_\_) \_\_\_\_\_

In the event that my child(ren) becomes ill at school and needs to be taken home and **neither** parent can be reached, I authorize Del Mar Pines School personnel to call:

Full Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Name \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

In the event my child(ren) is ill at school, I authorize the office to administer:

Jr. Tylenol/Ibuprofen (circle one) **YES NO** Cough Drops (circle one) **YES NO** Tums **YES NO**  
Eye Wash **YES NO**

**Medication supplied by parent. Please fill out back of this form.**

**Epi Pen?** (circle one) **YES NO** **Asthma Inhaler?** (circle one) **YES NO**

**Severe Nut Allergy** (circle one) **YES NO**

My child is allergic to latex (circle one) **YES NO**

My child has food allergies (circle one) **YES NO**

**Please list food allergies:**

**Child:** \_\_\_\_\_

**Child:** \_\_\_\_\_

My child is allergic to bee stings (circle one) **YES NO UNKNOWN**

In the event of an emergency that requires immediate medical attention, when **neither** parent can be reached. I authorize Del Mar Pines School personnel to call 911 and have my child(ren) transported to the nearest medical facility.

Name of Family/Child's Physician: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

The following people have permission to pick up my child(ren) from Del Mar Pines School.

**You still need to notify the school on the day your child(ren) is going home with a person not listed below.**

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Authorization for Administration of Medication

*Please fill out if your child requires medication during school hours. Medications are supplied by parents.*

Date: \_\_\_\_\_

Name of Student: last \_\_\_\_\_, first \_\_\_\_\_ m.i. \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

When is the medication to be given? \_\_\_\_\_

Del Mar Pines will administer prescribed medication (or non-prescribed medication) by his/her physician if the following conditions are adhered to:

- 1) Parents must complete & sign this release statement before any medication will be administered.
- 2) Students take medication on an as-needed or designated day/time basis.
- 3) Medication must include the following information:
  - a) *Student's name*
  - b) *Prescribing physician's name*
  - c) *Medication's name*
  - d) *Amount of medication to be administered*
  - e) *Vessel for administering*
  - f) *Time to give medication*
  - g) *Taken with/without food, refrigerated, and etc.*
- 4) It is the parent's responsibility to refill medications and update expiration dates. With the exception of Epi Pens and Asthma Inhalers, we will not keep more than one week's supply of medication at school.
- 5) If the student is taking an antibiotic for a short period of time, you must bring it to the office for delivery to student.
- 6) Remember, we will not administer Tylenol or cough drops unless you have given us permission on your child's emergency release form.

I, \_\_\_\_\_, do hereby authorize Del Mar Pines personnel to administer the medication listed. I recognize that this is a service that the school is providing which it is not legally required to perform. Therefore, I agree to save and hold Del Mar Pines School, its officers, employees or agents, harmless from any and all liability, suits or claims of whatever nature or kind, which might arise as a result of administering the medication in accord with this request.

***It is the legal responsibility of the parent to keep Del Mar Pines personnel abreast of any and all changes regarding his/her child's changes in medication in writing.***

Parent's name **printed** \_\_\_\_\_

Parent's signature \_\_\_\_\_

Office: \_\_\_\_\_