



HARRISON HIGH SCHOOL

BLUE TIDE

Emergency Information and Permission to give Acetaminophen or Ibuprofen

Student Name _____ Grade _____

Address _____ Phone Number _____

Resides with: Parents _____ Mother(only) _____ Father(only) _____ Guardian _____

Day phone # _____ Cell phone # _____

If I cannot be contacted the following person or persons may pick up my child.

Name _____ Phone # _____

Relationship _____

Name _____ Phone # _____

Relationship _____

I do _____ I do not _____ give permission to the school nurse to share pertinent medical information with necessary school staff.

I do _____ I do not _____ give permission for the school nurse to give my child Acetaminophen(Tylenol) or Ibuprofen (Advil/Motrin)

Parent/Guardian Name(Please Print) _____

Please list any medical conditions, allergies or daily meds for your child _____

Signature _____ Date _____