

EMERGENCY MEDICAL INFORMATION

- Please provide all current medical information for your child, paying special attention to the back. **Prescription medications should be sent in their original bottles along with a copy of the prescription in case medication is lost.**
- Except as noted below, my child is in good health, has no food or drug allergies, has no chronic conditions that would affect treatment and takes no medications routinely. Her/his immunizations are up-to-date.

Student name _____

EXCEPTIONS:

Medications _____

Food allergies _____

Drug allergies _____

Chronic conditions _____

Medical Insurance Company _____

Policy # _____ *[if appl]: Kaiser/HMO Chart #* _____

Physician's name _____ Phone # _____

Parent/Guardian #1 Name _____ Work/Cell# _____

Home# _____

Address: _____

Parent/Guardian #2 Name _____ Work/Cell# _____

Home# _____

Address: _____

Alternate emergency contact(s) in case parent/guardian cannot be reached by phone:

1. _____

Name _____ Work/Cell # _____ Home # _____

2. _____

Name _____ Work/Cell # _____ Home # _____

Guardian #1 e-mail address: _____

Guardian #2 e-mail address: _____

Alternate e-mail address: _____

Parent/Guardian Signature(s)

Date

Authorization to Dispense Medication on Global Trip

If under 12 years of age: child's weight _____

Current Medications

You have provided the following information about your child's medications and medical history. Please update by crossing out information that is no longer relevant or adding current information.

Check if your child is on a daily medication.

Effective Date	Medication	Dosage	Times a day

Prescription Medications

Parents directing Catlin Gabel personnel to dispense medications to a student while abroad must provide the school with a supply of medication.

Prescription medications must be in original pharmacy containers with accurate label; written instructions from state licensed care provider (RX label meets this requirement) and signed permission from parent. Sign authorization below.

Parent/Guardian Signature	Date
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Over-the-Counter Medications

When students could benefit from symptomatic relief of minor health problems at school or on a school trip, the following over-the-counter medications are available to your child **with parent permission**. It is our policy to consult with a parent before using any over-the-counter medications. However, if you would like to give your permission **for the medications below** to be provided to your child **at the discretion of Catlin Gabel faculty or staff members** you may do so by signing below.

Pain relief: acetaminophen (Tylenol), ibuprofen (Motrin, Advil)

Treating wounds: triple antibiotic ointment, hydrogen peroxide (topical use)

Cough suppression: cough drops

Skin reaction: diphenhydramine (Benadryl), hydrocortisone cream (topical use)

Canker sore: anbesol ointment (Benzocaine)

Upset stomach: antacids (Mylanta), loperamide (Immodium), Pepto-Bismol

Other: dimenhydrinate (Dramamine), phenylephrine (Sudafed), Lotramin cream (topical anti-fungal)

Draw a line through any of the above medications that you do not want your child to take.

I give permission to Catlin Gabel personnel to provide my child with over-the-counter medications, only as listed above, at their discretion. This is in effect for this school year, or until I notify the school that permission has been rescinded.

Parent/Guardian Signature	Date
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