



**GETTYSBURG  
MONTESSORI**  
CHARTER SCHOOL

*Inspiring a Love of Learning*

RN HEALTH ALERTS: \_\_\_\_\_

\_\_\_\_\_

**2022 / 23 EMERGENCY CONTACTS & HEALTH INFORMATION**

**EACH YEAR, PLEASE COMPLETE & RETURN FORM TO SCHOOL IMMEDIATELY.**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PARENTS / GUARDIAN'S ARE ALWAYS CALLED FIRST. Emergency Contacts Must Bring Photo ID.**

**List Adults Who May Pick-Up & Care for Child if the School Is Unable to Contact You Within Twenty Minutes.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Family or Friend

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Family or Friend

**For Car Riders: Please List Names of Adults Who May Pick Your Child Up. They Must Bring Photo ID.**

Name: \_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_

Name: \_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_

**For Bus Riders: AM or PM or Days \_\_\_\_\_ Bus Number: \_\_\_\_\_ School District: \_\_\_\_\_**

**DO YOU GIVE CONSENT FOR THE USE YOUR CHILD'S IMAGE / PHOTO / VIDEO?**

**On GMCS Website: Yes or No**

**On GMCS Facebook: Yes or No**

**For Public News Outlets: Yes or No**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* HELP US IN TIMES OF EMERGENCY \*\* PLEASE INFORM SCHOOL WITH ANY CHANGES. \*\***

**\*\* TURN OVER & COMPLETE HEALTH HISTORY & CONSENTS\*\***



**BRIEF HEALTH HISTORY**

**OTC & CARE CONSENTS**

Health Condition	Yes	No	Comments: Health concerns or info about your child
Allergies List-			
Asthma			
Serious Accidents / Injuries / Surgery			
Head Injury / Concussion			
Hearing Issues			
Vision Issues – glasses / contacts			
Heart / Lung Problems			
Epilepsy / Seizure Disorder			
Attention Deficit Disorder/Hyperactivity			
Daily Medication-			
Physical Limitations			

**CONSENT:** The nurse may provide first aid care and administer generic OTC medication as indicated below:

**All Stocked OTC:** Yes No \*Do Not Give My Child Any Items I've Crossed Out\* Please Initial: \_\_\_\_\_

<b>Pain / Fever reducer</b> <i>generic</i> Tylenol or Ibuprofen	<b>Stomach upset</b> Antacids/calcium Anti-gas drops	<b>Cold / Allergy Relief</b> Benadryl, Cold / Cough Syrup Cough / Sore Throat Liquid	<b>Minor Relief</b> Throat or Cough Drops Saltwater gargle
<b>Oral Mouth Care</b> Lip Balm / Vaseline Orasol / Mouthwash	<b>Eye Care</b> Sterile Eye Wash Saline Eye Drops	<b>First Aid Topical Analgesics Sting / Pain / Itch Reliever</b> Triple Antibiotic Ointment, Benadryl: spray / gel / lotion, Aloe Lotion, 3% Hydrogen Peroxide, Sting/Bite Kit, Sting Kill	

**PROVIDER INFORMATION: HEALTH / DENTAL / INSURANCE**

Primary Care Provider: \_\_\_\_\_

Office/Practice: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Dental Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Health Insurance: HMO Medicaid No Health Insurance Other: \_\_\_\_\_

If the student is covered by Medicaid, provide Medicaid number: \_\_\_\_\_

**EMERGENCY CONSENT** Gettysburg Montessori Charter School will attempt to reach the parent / legal guardian or emergency contact during a medical emergency. If none of these people can be reached, GMCS personnel have my permission to administer lifesaving care & call 911. I understand that neither GMCS nor the person responsible for obtaining medical aid will be responsible for any expense incurred.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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