



**GETTYSBURG  
MONTESSORI  
CHARTER SCHOOL**

*Inspiring a Love of Learning*

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

\_\_\_\_\_

**26-27 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: \_\_\_\_\_

Please list the prefer order for the best number to use during the hours 8:00am – 3:30pm \_\_\_\_\_

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

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

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

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

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

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

Please list the prefer order for the best number to use during the hours 8:00am – 3:30pm \_\_\_\_\_

**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.**

1<sup>st</sup> contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Family or Friend

2<sup>nd</sup> contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Family or Friend

3<sup>rd</sup> contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Family or Friend

4<sup>th</sup> contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Family or Friend



**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			

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

**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

Gettysburg Montessori Charter School will attempt to reach the parent/legal guardian or one of the individuals listed as an emergency contact. If none of these people can be reached, school personnel have permission to use discretion in securing medical aid in an emergency. It is understood that neither Gettysburg Montessori Charter School nor the person obtaining the medical aid will be responsible for the expense incurred.

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



**Over the Counter Medications**

Medication	Yes	No	Notes
Tylenol			
Ibuprofen			
Tums			
Anti-gas drops			
Benadryl			
Throat Lozenge			
Cough Drop			
Saltwater gargle or swish			
Vaseline			
Mouthwash			
Orajel/Anbesol			
Sterile Eye Drops / Saline			
First Aid Cleanser/Pain Relieving Spray			
Triple Antibiotic Ointment			
Anti-Itch: Benadryl spray/cream or 1% Hydrocortison			
Gentle Moisturizing Lotion, Vaseline, Aloe			

## **Non-Aerosol Topical Sunscreen Use at School**

**Parents/guardians may choose to supply their child with non-aerosol topical sunscreen, if it is approved by the U.S. Food and Drug Administration. In order for a student to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel, the parent/guardian must complete the attestations below.**

### **Parent/Guardian Attestation**

▪ **By signing below, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.**

▪ **By signing below, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.**

**The school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:**

- **The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.**
- **The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.**

**If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school shall provide written notice of the cancelation or restriction to the student's parent/guardian.**

**Parent/Guardian Signature:** \_\_\_\_\_

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

