

Health and Safety Information

Child's full name: _____ DOB: _____

Allergies/special needs: _____

Daytime Email* _____

I give Bible Baptist Christian School (BBCS) permission to administer the following medicines to my child according to the container label directions.

- | | |
|--|--------------------------------------|
| _____ Band-aids | _____ Acetaminophen (e.g., Tylenol)* |
| _____ Neosporin or similar ointment | _____ Ibuprofen (e.g., Motrin)* |
| _____ Bactine or similar first aid spray | _____ Antacid (e.g., Tums)* |
| _____ Sunscreen | _____ Cough drops |
| _____ Insect Repellent | _____ Other (specify) _____ |

* The BBCS office will email parents when the child receives any of these medicine(s). Your prompt reply is requested.

I understand that any other prescription or non-prescription medicines to be administered at school must be kept in the school office and be accompanied by a MEDICAL AUTHORIZATION FORM.

I understand that BBCS will make every attempt to contact me if my child has a persistent headache, stomach ache, fever, blow to the head, or any other severe injury or sickness. I understand that if the injury/sickness requires my child to be dismissed from school for the day, I must arrange for his/her pickup within 1 hour from the time I was contacted.

My signature below authorizes BBCS personnel to consent to any emergency medical treatment of my minor child(ren) named on the reverse which shall, in my absence, be deemed necessary. This shall include examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care of the minor child under the general or special supervision and upon the advice of a physician or surgeon licensed to practice medicine in the United States of America.

Physician _____ Phone _____ Hospital _____

PARENT'S SIGNATURE

DATE

FOR SCHOOL USE =====

DATE	MEDICINE	TIME GIVEN	AMOUNT	ADVERSE REACTIONS	ADMINISTERED BY
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

If noticeable adverse reaction to medication, what action was taken? Describe:

