

**R.G. DRAGE CAREER TECHNICAL CENTER
EMERGENCY AUTHORIZATION FORM**

Student Name: _____ Birth Date ____/____/____

I, _____, being the parent/legal guardian of _____
Parent/Guardian name *Student's Name*

give my consent for emergency treatment of my son/daughter, in the event that all reasonable attempts to reach me at the numbers below and on the emergency medical authorization form are unsuccessful. This consent allows the school to call an ambulance, at my expense, if I cannot be reached or cannot provide transportation for further medical attention. I also give consent to the school nurse to give first aid to my son/daughter, if necessary.

Parent Signature *Date*

Home Telephone _____ Mother's Work Telephone _____ Father's Work Telephone _____

OTHER Emergency Contact Name _____ Phone _____

Relationship to Student _____

**NON-PRESCRIPTION MEDICATION AUTHORIZATION
R.G. DRAGE CAREER TECHNICAL CENTER 2011-2012**

Last Name _____ First Name _____ Date of Birth ____/____/____
Program _____ Grade _____

Students wishing to take non-prescription medication must bring the medication into the school in an **unopened** container in which it was purchased and have this form completed and signed by a parent/guardian. Please check the medication below which your child may take during the school day and sign at the bottom of this form. Dosage per box instructions will be followed unless otherwise indicated. The nurse is not permitted to give more than dosage recommended on the box.

I give designated school personnel permission to administer the following non-prescription medication(s) during school hours if needed:

_____ **Tylenol Adult Regular Strength tablet/caplet/capsule 325mg** (or generic equivalent) for minor pain/fever

_____ **Tylenol Extra Strength tablet/caplet/capsule 500mg** (or generic equivalent) for minor pain/fever

_____ **Ibuprofen 200mg** (generic for Motrin or Advil) for minor pain/fever

_____ **Tums (or generic equivalent)** for upset stomach

_____ **Benadryl tablets/caplet/chewable 12.5mg or 25mg.** If Benadryl is given for severe allergic reaction, you will Be notified to pick up your child from school.

_____ **Calamine Lotion** – for itching skin/rashes

_____ Other Non-prescription **Medication** _____ **Dose** _____

Parent/Guardian's Signature: _____ **Date** _____