

***Emergency Medical and Treatment Data***

**WE CANNOT HAVE YOUR CHILD TREATED IN CASE OF EMERGENCY WITHOUT YOUR EXPLICIT PERMISSION!**

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

I give Arizona School for the Arts permission to provide EMERGENCY treatment for my child should it be deemed necessary. I understand that in case of emergency, my child will be taken to a local hospital and that ASA will immediately attempt to contact the parents/guardian.

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

My child may be given the following over the counter medications by office staff if deemed necessary:

Acetaminophen/Tylenol (325mg)	Yes _____	No _____	Dosage
Acetaminophen/Tylenol (500mg)	Yes _____	No _____	
Ibuprofen/Motrin/Advil (200mg)	Yes _____	No _____	Dosage
Cough drops	Yes _____	No _____	
Antacid	Yes _____	No _____	
Eye drops (saline)	Yes _____	No _____	
Neosporin	Yes _____	No _____	As needed for minor cuts, scrapes, etc.

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

Please list any special medical conditions that we should be made aware of. Please include all medical conditions, allergies, medications taken, and anything else you think might be of concern.

Medical Conditions: \_\_\_\_\_  
(Including allergies \_\_\_\_\_  
or the potential of an \_\_\_\_\_  
allergic reaction) \_\_\_\_\_

Medication Taken: \_\_\_\_\_ Reason Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_