



FOR OFFICE USE ONLY

ALLERGY:

MEDICAL CONDITION:

HEALTH, EMERGENCY, ACTIVITY, AND TRIP CONSENT FORM

To help us protect your child in the event of an emergency, please return this form each year **before the start of classes.**

Student's Full Name _____

Date of Birth _____

Address _____

PARENT E-MAIL

Please provide us your e-mail address so that you can be kept informed electronically about Pine Cobble School events and activities. If you prefer to exclude the information from the directory, please check the box.

E-mail 1 _____ [] Exclude

E-mail 2 _____ [] Exclude

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Parent 1 _____ Home Phone _____ [] Exclude

Cell Phone _____ [] Exclude Work Phone _____ [] Exclude

Parent 2 _____ Home Phone _____ [] Exclude

Cell Phone _____ [] Exclude Work Phone _____ [] Exclude

To be notified if above cannot be reached: _____

Relation to student _____ Home Phone _____

Cell Phone _____ Work Phone _____

STUDENT'S PHYSICIAN

Name _____ Telephone _____

Address _____

Pine Cobble School does NOT conduct health examinations as the state requires for all public school students. It is, therefore, recommended that parents consult with their health care providers to ensure that these exams are carried out for their children.

UNIVERSAL HEALTH FORM

Please send in your child's current universal health form (with immunization records) or have your physician fax the form to 413-458-8174. YOUR CHILD MAY NOT START SCHOOL IN SEPTEMBER WITHOUT A CURRENT FORM ON FILE.

Student's Full Name

Date of Birth

ACTIVITY AND TRIP CONSENT

Unless written notice to the contrary is received in advance, _____
STUDENT'S FULL NAME

shall be deemed to have my permission to take part in any and all activities on or off the campus and to ride in vehicles driven by Pine Cobble School faculty members, or in buses chartered by the school.

DATE

SIGNATURE OF PARENT OR GUARDIAN

PERMISSION FOR TREATMENT/MEDICAL DISCUSSION

A reasonable effort is made to contact and inform the parent(s) or guardian in case an emergency medical, dental, and/or psychological treatment and/or hospitalization is deemed necessary for the student. On some occasions, the parent(s) or guardian cannot be reached. Accordingly, parent(s) or the guardian are requested to sign the following:

I give my permission for the staff to remove my child, _____,
STUDENT'S FULL NAME

from the school in the event of a medical emergency. I hereby grant permission to Pine Cobble School to seek medical attention for my child in the event such treatment is deemed reasonably necessary or advisable and I cannot be timely contacted. I also give my permission for my child to be transported by ambulance or car to an emergency center for treatment. I further consent to medical, dental, surgical and hospital care, treatment and procedures to be performed for my child by licensed health care personnel to safeguard my child's health.

I also give permission for Pine Cobble School to disclose and discuss my child's relevant medical condition/history with any medical professionals (such as ambulance personnel) engaged in treating my child in an emergency situation.

I also give permission for Pine Cobble School to disclose and discuss my child's relevant medical condition/history with faculty and staff to the extent Pine Cobble determines it is reasonably necessary or advisable.

In addition, during the school years in which my child attends Pine Cobble School, I hereby acknowledge an awareness that participation in all sports, activities, and events involves a risk of injury, which may rarely include severe injuries possibly involving paralysis, permanent mental disability or death, and that these injuries may occur in some instances as the result of unavoidable accidents. I accept these risks in giving consent to participation by my child in all sports, activities, and events during the year.

DATE

SIGNATURE OF PARENT OR GUARDIAN

HEALTH INSURANCE

Certificate/Plan Number _____

Name of Insurance Plan _____

DIRECTORY LISTING

Please tell us how you would like to be listed in our school directory.

Name(s): _____

Address will automatically be listed.

Student's Full Name

Date of Birth

MEDICATION & EMERGENCY MEDICAL RESPONSE POLICIES

SCHOOL NURSE IS NOT PRESENT (ON CAMPUS) DURING, BEFORE OR AFTER SCHOOL. Only a registered nurse can assess a student and give medications, except for EpiPen administration or self-administered inhaler, by Massachusetts law. Faculty and staff are certified in CPR and first aid.

MEDICATION POLICY

Pine Cobble School does not administer ANY over-the-counter or prescription medication to any student at any time except in the following instances: epinephrine auto-injections will be administered in life-threatening situations, and, when necessary, inhalers may be self-administered. If your child is in need of medication during the school day, you will need to make arrangements to personally dispense the medication to your child.

EMERGENCY MEDICAL RESPONSE POLICY

ALLERGIC REACTION

Examples of some of the symptoms include: difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of any body part.

Action Plan:

- 1) Assist child in using EpiPen if prescribed and available.
- 2) Call **911**.
- 3) Call parent of guardian after calling 911.

ASTHMA

Student has difficulty breathing, wheezing and shortness of breath.

Action Plan:

- 1) If student has inhaler, allow the student to use it. If no relief of symptoms in five minutes, call 911, then call parents.
- 2) If no inhaler available, call **911** immediately.
- 3) Call parent or guardian.

SEIZURE

Student has altered consciousness, involuntary muscle stiffness or jerking movements, drooling/foaming at the mouth, temporary halt in breathing, loss of bladder control.

Action Plan:

- 1) Protect student from falling or injuring themselves on anything - **DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH.**
- 2) Call 911.
- 3) Call parent or guardian after calling 911.

I accept and understand Pine Cobble School's Medication & Emergency Medical Response Policies.

Parent/Guardian Signature _____ Date _____