

# Shickley Public School

Bryce Jorgenson, Superintendent of School  
P.O. Box 407  
104 East Murray Street  
Shickley, NE 68436

Telephone 402 627-3375

## MEDICAL FORM SHEET

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Family Email \_\_\_\_\_

Home Address: (Mailing) \_\_\_\_\_

(Physical if different than mailing) \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_

Please indicate below whether or not you want school officials to dispense 'over the counter medications', to your child.

\_\_\_\_\_ You may give my child a non-aspirin product such as Tylenol.

\_\_\_\_\_ You may give my child an antacid, for minor indigestion or stomach upset.

\_\_\_\_\_ No medications should be dispensed to my child.

**Please Note:** Medications **WILL NOT** be given to children without parent or guardian permission. These medications will only be given when necessary and will not be given after a fall or blow to the head.

Comments \_\_\_\_\_

Allergies / Other Information \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

If your child becomes ill or seriously injured while at school, we will take necessary first aid measures and contact you as soon as possible.

If we are not able to reach you as parents, who can we call in case of an emergency?

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

Your signature below indicates you have read and filled out this form and gives school authorities permission to treat your child with the necessary first aid and to contact your family physician (named above) in case of emergency.

Signature of Parent or Guardian \_\_\_\_\_

Equal Opportunity Employer