

**SOUTH PORTLAND SCHOOL DEPARTMENT
SOUTH PORTLAND HIGH SCHOOL
EMERGENCY CONTACT SHEET/MEDICATION PERMISSION**

I have received and read the Student Handbook and agree to abide by the terms of the Student Code of Conduct (also available on the website at <http://highschool.spsd.org>).

_____ **Parent Signature** _____ **Student Signature** _____ **Date** _____

Dear Parent/Guardian:

In order to keep our records up to date, would you please complete **both sides** and **return to SPHS on the first day of school**. Thanks.

Student's Name _____ Gr _____

Address _____ Phone _____ Unlisted? yes no

Parent/Guardian Name _____ Phone (H) _____ Unlisted? yes no

Address _____

Cell phone/pager # _____ E-mail address _____

Employer Name/Address _____ Phone _____

2nd Parent/Guardian Name _____ Phone (H) _____ Unlisted? yes/no

Address _____

Cell phone/pager # _____ E-mail address _____

Employer Name/Address _____ Phone _____

With whom does the child reside? _____

Name of Legal Guardian(s): _____

Please provide the name and phone number of a person to contact in case of emergency and you cannot be reached. This must be a person who is local and will take care of your child.

Name: _____ Phone _____ Address _____

FOR HIGH SCHOOL STUDENTS ONLY:

My Child (name) _____ Gr. _____ has my permission to take:

IBUPROFEN 200 mg – one or two (circle) AND/OR ACETAMINOPHEN 325 mg – one or two (circle)

once during school hours for relief of minor discomfort. If, in the opinion of the school nurse, your child requests this medicine frequently during school hours, you will be notified. **Note:** It is of concern that some students seem to rely on frequent use of acetaminophen or ibuprofen. Research says that use of these drugs can cause serious consequences if taken frequently, in other than recommended dose, and/or if combined with other drugs, including alcohol. Please discuss this with your child. This medication may be administered by medical or non-licensed personnel.

Parent/Guardian Signature _____ Date _____

The chart below is for office use only.

MEDICINE ADMINISTRATION CHART

DATES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Sept																																
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Jan																																
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PLEASE BE SURE TO COMPLETE BOTH SIDES OF FORM. THANK YOU.