



1862 Penfield Road  
Penfield, NY 14526  
(585) 381-7300

## Medical Emergency Policy Medication Policy Allergy/Medical Condition

Childs Name: \_\_\_\_\_

### PVNS Medical Emergency Policy:

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In the event of an illness, accident, or medical concern, PVNS will contact an individual listed on the Emergency Authorization Form. First we will attempt to contact the parents, then either of the emergency contacts listed, and finally the child's pediatrician. In the event of an emergency, 911 will be called for immediate medical attention.

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

### PVNS Medication Policy:

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If your child must receive ANY type of medication (prescription OR over the counter) during the school day:

1. The parent/guardian must submit written authorization for the teachers to administer medication.
2. The child's pediatrician must give written authorization to administer the medication. This authorization must provide full written instructions for the administration of the medication, including dosage.
3. The medication must be clearly labeled with the child's name, date of birth and the Pediatrician's name, and will be stored in a classroom cabinet.

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

### PVNS Allergy/ Medical Condition Information:

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If your child has allergies or a medical condition, you must provide a completed Allergy/ Medical Alert Information Sheet. This form documents symptoms of the medical issue or allergic reaction, treatment procedures, and medication.

Please check the applicable statement and sign.

☐ My child has **no** known allergies / medical conditions.

☐ My child has allergies / medical condition(s).

\*Please send the Allergy / Medical Information sheet before school begins.

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