

Oakbrook Preparatory School Student Information Card- 2010-2011

Student's Name: _____ Home Phone: _____
(last) (first)

Home e-mail address: _____

Street Address: _____

City/State/Zip: _____ Birth Date: _____

Father's Name: _____	Mother's Name: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Beeper/Cell Phone: _____	Beeper/Cell Phone: _____

AUTHORIZED CAREGIVERS: In the event of an emergency, and no parent can be reached, whom should we contact? By listing their name, you are authorizing these people to make a medical decision in your absence. Please list in the order you want us to call them.

1. _____
(name) (relationship) (phone)

2. _____
(name) (relationship) (phone)

AUTHORIZED CARPOOL PICKUP: Only these people can pickup your child in your absence, unless a OPS teacher/staff is notified in writing.

1. _____ 2. _____

3. _____ 4. _____

Parent Release

I give my permission to adult caregivers to administer any of the circled/named topical medications to my child as needed.

I, the undersigned, do hereby authorize officials of Oakbrook Preparatory School to contact directly the persons on this card, and do authorize the named physician or dentists to render such treatment as may be necessary in their judgment, for the health of said child.

In the event that physician, dentist, or other persons named on this card cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

I will not hold Oakbrook Preparatory School financially responsible for the emergency care and/or transportation of said child.

My child has my permission to take all scheduled field trips with his/her class during the school year. (A parent may withhold field trip participation from his/her child on any occasion.)

(parent signature/date)

please fill out back page completely

HEALTH INFORMATION

***Please list ALL MEDICINES taken by your child. OPS may need this information while your child is at school or on a day or overnight field trip.**

	<u>Condition</u>	<u>Medicine</u>
ADD-ADHD	yes or no	_____
Asthma	yes or no	_____
Uses inhaler	yes or no	_____
Allergies	yes or no	_____
(Latex, Food, Medicine, Environmental)		
List allergies if yes		

EpiPen	yes or no	_____
Diabetes	yes or no	_____
Depression	yes or no	_____
Heart Condition	yes or no	_____
Epilepsy	yes or no	_____
Vision (Glasses or	yes or no	_____
Contacts)		
Migraines	yes or no	_____
Other (please	yes or no	_____
explain)		

MD _____ Phone # _____
Dentist _____ Phone # _____
Insurance Co. _____ Policy # _____ Phone # _____

Health Room Information

Basic First Aid will be given. Refer to Family Handbook for Medical Statement. The following medicines are routinely given in the Health Room. Please **cross out** any that you do **NOT** want given to your child.

- | | | |
|---------------------------|---------------------------------|--------------------------|
| Eye Drops | Mediquick Spray/Fire Ant | Cortisone Cream |
| Neosporin Ointment | Cough Drops | Calamine/Caladryl |
| | Orajel | Dermoplast spray |

Please Note: OPS does **NOT** administer over-the-counter medications such as Tylenol, Motrin, Tums, Benadryl, etc. without calling a parent first. If your child needs these meds on a routine basis, there **MUST be a doctor's prescription on file.**

If your child needs a **PRESCRIPTION** medicine administered during the school day, the prescription must be in its original container or OPS must have a prescription on file. These medicines may include: **INHALERS, EPI-PENS, BEHAVIOR MEDS, etc.**

It is the parents' responsibility to keep all insurance and medical/emergency information current throughout the entire school year.