

REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY

**INSURANCE AND MEDICAL EMERGENCIES**

Name of Student _____ Date of Birth _____

Student Insurance

_____ My daughter/son DOES have school insurance.

_____ My daughter/son DOES NOT have school insurance. However, she/he is covered under an insurance program with _____

(Name of Insurance Company and/or Employer;
Access or Medical Access;
Child Health Insurance Program (CHIP))

_____ My daughter/son DOES NOT have any medical insurance at this time.

Medical Emergency

In the event of illness or injury, I authorize first aid and/or emergency medical measures to be provided at the school, the site of the activity or the nearest appropriate emergency medical facility, including transportation of my daughter/son to the nearest or most appropriate emergency medical facility, with primary consideration being the hospital listed on the student information sheet.

Parent/Guardian Signature

Date

Medication

I hereby authorize the school nurse to administer Tylenol or ibuprofen to my child if needed for headache, menstrual cramps or fever over 100 degrees.

Parent/Guardian Signature

Date