

Please READ CAREFULLY as there are changes on these forms. Please fill out the forms attached and return to the school office by the FIRST DAY OF SCHOOL. **You only need to fill out your child's emergency form if there are any changes from last year.**

All forms (**EXCEPT MEDICAL FORMS and Transportation Forms**) will be valid for your child during his/her tenure at St. Monica School. You will not have to fill out these forms every year. But, YOU must inform us of any changes that you would like made during the year, or fill out a new form if information has changed for the current year.

FOR ALL STUDENTS:

The first three medical forms and the Transportation form and Photo Release (because there was a slight change) must be filled out for each child. The Emergency Form should be filled out only if anything has changed from last year.

Please print all forms on separate pages as they are filed in different places.

Please use **black ink on all forms as we need to make copies!**

Please do not double-side forms.

(Please put in an envelope marked "School Nurse")
St. Monica School
AUTHORIZATION TO ADMINISTER PRESCRIPTION
FOR CHILDREN WHO NEED MEDICATION (EPI-PENS and INHALERS)

One Form Required for EACH Medication – ONLY IF MEDICATION IS REQUIRED DURING SCHOOL HOURS

This section to be completed by Parent *Please fill out Name and Grade only if no medication is required*

Child's Name: _____ Grade: _____

Date Of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Prescribing Physician's Name: _____ Phone: _____

**____ PLEASE CHECK
if no medications are
needed during school
hours.**

This section to be completed by Physician

Name of Medication: _____

Reason for use: _____

Times to be administered: _____

Beginning date: _____ Ending Date: _____

Physician's Signature: _____

I authorize the administration of the medication stated above according to the directions stated above.

The Parent/Guardian must bring any medications to the Principal.

All medications must be in the original pharmacy container with original pharmacy label. The student's name and date must be clear on the label.

No medication will be administered without this consent form.

Parent/Guardian Release

In consideration of allowing our child to be given Epi Pen/Inhaler in school or on school sponsored field trips, I, as the responsible parent/guardian, agree to release Saint Monica School and staff members from any and all liabilities with the request.

I give permission for my child's teacher to take my child's Epi Pen/Inhaler on school sponsored field trips and administer as needed according to the physician's instructions above.

Parent/Guardian Signature _____ Date: _____

(Please put in an envelope marked "School Nurse")
SAINT MONICA SCHOOL

Consent for Administration of Approved Discretionary Medications

Name: _____ Date of Birth: _____ Grade: _____

Allergies/Sensitivities: _____

Current Medications (including inhalers): _____

Medical Conditions: _____

I hereby give permission for my child, _____, to receive any medication listed below on the form as deemed necessary by the School Nurse. I have checked those medications I wish to be made available to my child. I understand that the generic equivalent of medications may be used in place of more expensive brand-name items.

Please check medications you wish to be made available to your child:

(For cold, headache, dental discomfort, muscular aches, fever and sore throat, cuts and or bites)

Acetaminophen

- Adult Strength - (325mg per tablet) 1 Tablet 2 Tablets (every 4 hours)
- Children's - Ages 2-11 Suspension Liquid Tablets (dosage per child's weight and age)
- Junior - Ages 6-11 Suspension Liquid Tablets (dosage per child's weight and age)

Ibuprofen

- Adult Strength (200 mg per tablet) 1 Tablet 2 Tablets (every 4 hours)
- Children's - Ages 2-11 Suspension Liquid Tablets (dosage per child's weight and age)
- Junior - Ages 6-11 Suspension Liquid Tablets (dosage per child's weight and age)

Also:

- Ointment (i.e. Bacitracin) for cuts and scrapes
- Anti-itching lotion (i.e. Calamine) for bites / allergic rashes
- Cough Drops when needed (parent should call the school office and must provide cough drops)

I understand that the above medications I have checked will be administered by the School Nurse in accordance with established protocols developed by the consulting School Physician for Saint Monica School and the School Nurse.

I do not want any medication given to my child in school.

Signature of Parent/Guardian

Date

Home Phone

Work/Emergency Phone

PHOTO RELEASE

Dear Parent/Guardian:

Below you will find a Photo Liability Form. This form must be completed and returned to the Saint Monica School Office. It is required before a photo, either professional or those taken by the school staff for promotional purposes may be taken of your child. The liability release requested is standard and required by law if your child is to participate in activities which involve the possibility of photos being taken of your child.

This photo release will be valid for your child for his/her tenure at St. Monica School.

If you have any questions, please call the school office.

Sincerely,

Mrs. Donna Henderson
Principal

PHOTO INFORMATION AND RELEASE FORM

Name of Child: _____ Grade: _____

City/Town: _____ State: _____

Name of School: _____

Under the provisions of the 1974 Family Educational Rights to Privacy Act, I authorize that Saint Monica School may release the information contained in this questionnaire to the publications "Methuen-Life" and "The Eagle-Tribune", the "Methuen Community Television, Channel 22" and other parish and school-related appropriate publications.

Please note: I authorize any of the publications to publish this information. I also authorize the organizers of Saint Monica School to take pictures/videos of my child for the purpose of promotion of the program in the publications named above, as well as, Archdiocesan publications/social media pages, the Saint Monica Parish/School website, www.methuencatholic.org/school and publication on the school and alumni Facebook pages.

Parent/Guardian Signature: _____ Date: _____

This form will be valid for your child during his/her tenure at St. Monica School. Please advise of any changes.

SAINT MONICA SCHOOL EMERGENCY CARD

All info MUST be filled out.

Child's Name: _____ Sex: _____ DOB: _____ GR. _____

Home Address: _____
(Street) (City/Town) (Zip)

Religion: _____ Present Parish: _____

Father's Name: _____ Cell Phone: _____

Father's Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Mother's Name: _____ Maiden: _____ Cell Phone _____

Mother's Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Guardian's Name (if different than parents): _____ Cell Phone: _____

Guardian's Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Email Address: _____

Parents' Email Addresses: MOM _____ DAD _____

In an emergency, if I cannot be reached, please contact and/or release my child to:

1. Name: _____ Relationship: _____
Address: _____ Phone: _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____

3. Name: _____ Relationship: _____
Address: _____ Phone: _____

Doctor: _____ Phone: _____
(Must be filled in)

Allergies/Medical Issues: _____

In the event of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call to make whatever arrangements are necessary.

DO NOT release my child to: _____
(Must be court ordered if it is a parent)

Signature of Parent/Guardian: _____ Date: _____
_____ Please check if using reverse side for additional information.

TRANSPORTATION FORM

Child's Name: _____

Grade: _____

Please fill out one form for EACH child.

We need to know how your children are getting to school in the morning and leaving in the afternoon. Please check one for AM and one for PM.

AM Transportation: My child will arrive by: Bus _____ Walk _____ Car _____

PM Transportation: My child will leave by: Bus to _____ Grammar School
Walk _____ Car _____

My child will attend the Extended Day Program on these days _____ PM Only

In the case of an UNSCHEDULED EARLY DISMISSAL (before 2PM) due to weather conditions or an emergency, you will be expected to make arrangements to pick up your child from school.

Parents should, at the earliest possible hint of a storm intensifying, keep themselves informed by listening to radio stations WCCM and WBZ on the AM dial and/or viewing the School Closings on local TV channels and the Methuen School Channel on Cable TV regarding possible notification pertaining to the Methuen PUBLIC Schools. Please make sure to keep our Student Information System account up-to-date for no school announcements. No school announcements will also be published on our Facebook Page: St. Monica School Methuen.

We follow Methuen Public Schools for any school closings.
Please do not call the School or Parish Office!!

Parent Signature: _____

Date: _____