

KENNEDY DAY SCHOOL PROGRAM
Franciscan Children's
30 Warren St., Boston MA 02135
tel. 617 254-3800 fax: 617 779-1639 email: KDSnurses@franciscanchildrens.org

Student's name _____

CONSENT FOR EMERGENCY TREATMENT

I understand that every effort will be made to contact me in the event that my child requires emergency medical attention. However, if I or my Emergency Contacts cannot be reached immediately, I authorize the KDS Program to take action which it deems necessary to secure essential emergency medical treatment for my child.

Signature of Parent/Legal Guardian

Date

CONSENT TO ADMINISTER ACETAMINOPHEN (TYLENOL) AND IBUPROFEN (MOTRIN)

(Please check one or both) I give permission for my child to receive:

___ Acetaminophen (Tylenol) ___ Ibuprofen (Motrin)
in the appropriate dosage for age and weight for an elevated temperature or discomfort.

Do not give my child Acetaminophen (Tylenol) or Ibuprofen (Motrin.)

Signature of Parent/Legal Guardian

Date

KDS Physician Consultant authorizes administration of acetaminophen/ibuprofen to students with Parent Consent ONLY.

*****Infection Control Precaution: SUNSCREEN AT SCHOOL**

If you would like your child to have sunscreen applied before going outside, please send it to school, labeled with your child's name, and notify their teacher.

As a precautionary measure to avoid sharing between students, KDS is not currently providing sunscreen at school.

The above authorizations will be valid for the current school year