

match

Charter Public School

Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Next
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Community Day
86 Wachusett Street
Jamaica Plain, MA 02130
Ph: (617) 983-0300

ANNUAL MEDICAL FORM

Student Name _____ Hospital/Clinic Preference _____

Physician Name _____ Physician Phone Number _____

Insurance Company _____ Policy Number _____

NON-EMERGENCY MEDICAL SITUATIONS

Occasionally, students come to the School Nurse's office with a stomachache, minor cough, etc. Some over-the-counter medications are available. Please see below:

I **AUTHORIZE** Match to give my child:

- Benadryl (Diphenhydramine HCL)
- Pepto-Bismol/Tums (antacids)
- Advil (ibuprofen)
- Tylenol (acetaminophen)

- Calamine Lotion/Caladryl (anti-itch)
- Bacitracin (or other over-the-counter antibacterial cream/ointments)
- Cough drops

I DO NOT authorize Match to provide over-the counter medication to my child. I understand that checking this box means Match WILL NOT dispense medication to my child and WILL NOT CALL me to distribute it on a case-by-case basis.

Medication will only be distributed as directed on the label and a generic equivalent medication may be used.

Parent/Guardian Signature

Date

EMERGENCY CONTACTS

In the event of an emergency, I authorize Match Charter Public School to contact and release my child to the following individuals:

Contact 1: _____
Contact Name _____ Relation to Student _____

Mobile Phone number _____ Home Phone number _____ Work Phone number _____

Contact 2: _____
Contact Name _____ Relation to Student _____

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Mobile Phone number

Home Phone number

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Contact 3:

Contact Name

Relation to Student

Mobile Phone number

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Work Phone number

Parent/Guardian Signature

Date

(over)