

Health Information

If you have any health concerns regarding your child, please contact the school nurse.

Please Initial which items may be used by the school nurse in the care of your child:

___ Acetaminophen (Tylenol)

___ Ibuprofen

___ Benadryl

___ Midol

___ Mylanta (Antacid)

___ Tums (Antacid)

Check any of the following your child has experienced within the past year:

___ Accident Date: _____

___ Surgery Date: _____

If you checked anything about, please explain: _____

Is your child presently under the care of a physician or other health care provider: _____

Has your child seen a dentist within the last year: _____

If yes, Date: _____ Dentist: _____

Please list any immunizations your child has received in the past year:

Has there been any change in your family structure: _____

List any medications your child is currently taking: _____

Special Health Conditions/Allergies: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred Hospital: _____

Other adults to be contacted and to whom students may be released (Name, Relationship, Phone):

***** In an extreme emergency, it may be necessary to transport your child to the nearest hospital. *****

I give my permission to the staff of the above named school district to transport, or make arrangements for the transportation of my child to receive emergency medical care in the event that the persons listed above cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

*****I give my permission to share my child's medical information with teachers/staff? ___ Yes or ___ No**