

Fannett-Metal School District
14823 Path Valley Road, Willow Hill, PA 17271

Student Health Information

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

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Aloe (Topical) | <input type="checkbox"/> Antibiotic Ointment (Topical) | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Burn Jel | <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Chloraseptic Spray | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Hydrocortisone 1% Cream | <input type="checkbox"/> Midol | <input type="checkbox"/> Mylanta (Antacid) | <input type="checkbox"/> Orajel |
| <input type="checkbox"/> Tums (Antacid) | | | |

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

Accident Date: _____ Surgery Date: _____

If you checked anything, please explain: _____

Is your child presently under the care of a doctor or other health care provider: yes no

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Has your child seen a dentist within the last year:

If yes, date: _____

Preferred Hospital: _____

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

List any medications your child is currently taking: _____

Special Health Conditions/Allergies: _____

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

I give my permission for school staff to treat my child. yes no

I give my permission to share my child's medical information with school staff. yes no

I give my permission to speak with family doctor. yes no

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 Fannett-Metal 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. yes no

Parent/Guardian Signature _____ Date: _____