

STUDENT NAME -

GRADE-

Teacher

STUDENT HEALTH INFORMATION - CONFIDENTIAL

STUDENT'S PHYSICIAN:	PHONE:
STUDENT'S DENTIST:	PHONE:
Is Student under care of specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No NAME:	PHONE:

Does your child have any medical conditions or physical limitations that the School Nurse needs to be aware of?
 Yes No Explain: _____

Please list any allergies (FOOD, BEE STING, LATEX, other) that your child has:

**Permission for Standing Order Medications
Please Check Yes or No**

I give permission for my child to be administered the following by school nursing personnel:

- *Acetaminophen (Tylenol) Yes No
- *Ibuprofen (Advil, Motrin) Yes No
- *Antacid Tablets Yes No
- *Benadryl Yes No
(for acute allergic reaction only)
- *Proventil 2.5mg/3ml Saline Yes No
(for acute respiratory distress only)

Does your child have an EPI PEN? Yes / No
If yes, please contact school nurse.

Does your child have ASTHMA? Yes / No
Does your child have a rescue inhaler? Yes / No
All medications taken during the school day must have a medication form on file in the Nurse's office.

The following first-aid supplies are used as needed: anti-itch products such as hydrocortisone cream, caladryl/ calamine lotion, Benadryl ointment, antibiotic ointment, Orajel, Vaseline, cough drops, throat lozenges, solarcaine spray, sting kill swabs, allergy eye drops, sterile eye wash solution, rewetting drops & contact solution. **If your child can not have any of these items please list them and the reason under the allergy section.**

Please list ALL daily medications your child takes:

**** May this information be released to your child's teacher or other members of your child's educational/support team, including instructional aides, cafeteria personnel and the BCTC(if student attends)?**
 Yes No

I have read all the information and have answered all the questions to the best of my ability. I hereby authorize the Schuylkill Valley School District to administer first aid to my child as stated in the physician's standing orders and to secure emergency treatment for my child for any emergency medical situation that may arise at a time when I cannot be immediately contacted.

Parent/Guardian Signature: _____ Date: _____
Revised May 2016