

HEALTH INFORMATION FORM 2022-2023

Student Name: _____ Grade Level: _____

Physician Name: _____ Physician Phone: _____

Does this child have any allergies? No Yes (Please list below)

Allergen: _____ Reaction: _____ Treatment: _____

Allergen: _____ Reaction: _____ Treatment: _____

Does this child have any medical conditions? _____

List current Medications that this child is taking and the reason. Attach additional pages if necessary.

Medication: _____ Dose: _____ Reason: _____

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Circle where applicable: Contact lenses Glasses Hearing Aide Prostheses Other _____

Has this child ever been hospitalized or had any other illness, accident or broken bones? No Yes (If yes, describe below and include date and other pertinent details). _____

Check medications that can be given to your child at school: Tylenol Mylanta Emetrol Advil (HS Only)

Medication Policy: If your son/daughter has a medication that he/she must take during school hours, the medicine must come in the original container from the pharmacy accompanied by an order from the physician and a Medication Authorization Form signed by the parent/guardian. (When you have the prescription filled, ask the pharmacist for an extra pharmacy labeled container for school use.) Parents/guardians are to bring and register ANY medications with the school nurse. Medications cannot be altered and must be in recognizable form.

Parent Statements:

- ✓ Parental permission is not required for mandated health screenings, therefore by signing below; I understand my child will receive the health screenings as mandated by the School Health Services of the Shenango Area School District. Health Screenings are Height, Weight, Vision, Hearing, and Scoliosis as mandated by state guidelines.
- ✓ I understand that separate permission slips will be required in order for the school to perform physical and dental examinations.
- ✓ By signing below, I give permission for the school nurse to administer medications listed on this form.
- ✓ I agree to notify the school district with any medical changes.
- ✓ By signing below, I give permission for the Shenango school nurse to share my child's pertinent medical information with other school personnel and the bus driver, if the sharing of that information will promote optimal health services for my child and will contribute to the successful completion of the educational program.
- ✓ I agree to notify the school district with any medical changes.
- ✓ I hereby certify that my child is covered by a personal insurance policy or is included in a policy that I currently have in force. In case of an accident or serious illness, I request the school contact me. In the event that I/we cannot be reached; I further authorize that any emergency medical treatment for the above named student be referred to a local medical facility should the need arise.
- ✓ I give the Shenango school nurse permission to contact our family physician/dentist concerning medical needs of my child and give permission for our family physician/dentist permission to discuss this need with the Shenango school nurse for this school year.
- ✓ Students may NOT keep any type of medication, prescription, or nonprescription on their person, in backpacks, lunch boxes, purses, or lockers without explicit approval by the school nurse. Please see policies in the Activities Calendar and Student Handbook.

Parent/Guardian Signature

Date