

HEALTH INFORMATION FORM 2023-2024

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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The School Health Office is not a Clinic, Emergency Room, or Pharmacy. If your child has an acute illness or chronic medical condition, you **MUST** contact your child's physician for advice and care. The school health office is intended to address illnesses/injuries that occur during the school day, manage students chronic medical conditions with the assistance of their physicians, and comply with Pennsylvania School Health Mandates.

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

Medication Policy: If your student has a medication that must be taken during school hours, the following requirements apply:

1. The medicine must come in a Pharmacy Labeled Bottle with the correct dosage and instructions.
2. A Written Physician order for the medication must accompanied the prescription.
3. An adult must deliver the medication, unless other arrangements have been approved by the school nurse.
4. Medications cannot be altered and must be in recognizable form.

IF all of these requirements are not met **THE MEDICATION WILL NOT BE GIVEN.**

Parent Statements:

- ✓ 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