



ANNUAL STUDENT HEALTH INFORMATION (TO BE COMPLETED BY PARENT/GUARDIAN)

Student Name: _____ Date of Birth: _____ Grade: _____

Please submit any new immunizations (current school record available via the parent portal of Infinite Campus)

Dentist's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Specialist's Name: _____ Phone: _____

Student has Health Insurance? Yes No

HISTORY/MEDICAL DIAGNOSES – Please check any that apply

Asthma Diabetes ADHD Autism Seizure Disorder Heart/Lung

Allergies (specify) Food: _____

Other: _____

Hearing/Vision Anxiety

Other Health Concerns _____ Comments/Nursing care requested at school _____

Mobility Concerns _____

Medical diagnoses that impact your child's health and safety during the school day and/or require treatment or accommodations, such as severe food allergies, will need additional health care plans. Please contact your school nurse to complete this information. For any dietary restrictions requiring food substitutions, submit Medical Statement for Student Requiring Special Meals to cafeteria manager.

Please list routine prescription and over the counter medications given at home or school.

Medication _____ Reason _____ Dose _____ Time(s) _____

Medication _____ Reason _____ Dose _____ Time(s) _____

Any medication administered **at school** requires additional completion of district forms. With written authorization from parents and the physician, lifesaving, emergency medications may be carried by students. High School students may also carry over the counter medications with the same written authorization. The forms can be found at the bottom of the online Policy #2870 - Administering Medicines to Student, under the health and safety tab or are available from your school nurse.

CONSENT

Parental approval to use standing physician ordered medications allows for efficient treatment of student's minor health issues and their prompt return to the classroom setting. Consent will remain in effect until altered or revoked by parent/guardian in writing.

I give my permission for the nurse or trained designee to administer appropriate standing physician ordered medications (listed on the reverse of this form) for my child's minor illness, injuries or complaints of discomfort according to the package indications and dosing instructions.
YES ___ NO ___

NOTICE OF AGREEMENT

To ensure safe care of my child, I agree that pertinent health information may be shared with appropriate school staff, including transportation employees on a need to know basis. I agree to alert the school nurse of any change in medication or health status of my child. I will furnish the school with current phone numbers and address in case of an emergency. The school nurse may contact the health care provider regarding any health concerns pertaining to students.

I understand that basic first aid and emergency care will be provided as needed by school staff.

I understand that in an emergency my child will be transported by ambulance. I authorize emergency personnel to carry out diagnostic and emergency care as deemed necessary. I understand the cost of the ambulance and medical care are my responsibility.

My hospital preference is: _____

I acknowledge that the foregoing above information is true and correct.

Signature of Parent/Guardian: _____ Date: _____



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Rockwood’s School Health Services, in collaboration with the District’s consulting physician, have agreed to the administration of certain over-the-counter (OTC) medications according to the physician’s standing order. Listed below are the OTC medications that, based on professional nursing assessment and judgment, may be administered to students who have parental permission (see reverse “Consent”). Our goal is to minimize both absenteeism and student discomfort while in the school setting and to maximize instructional time. Dosing of medication will be according to the package labeling based on age/weight. Some medications are listed by brand names to assist in recognition of the medication, although a comparable brand or generic equivalent may be stocked.

<p><u>Oral Medications</u> Tylenol (acetaminophen) for minor pain, fever reduction Advil/Motrin (ibuprofen) for minor pain, fever reduction Benadryl (diphenhydramine) for hives, itching Tums (calcium carbonate) for indigestion, upset stomach Throat lozenge for cough or sore throat (grades 6-12)</p> <p><u>Eye Medication</u> Eye wash solution for irrigation, rinsing of eyes Eye drops for dry eyes Multi-purpose solution for contact lens care Antihistamine eye drops for itchy eyes</p>	<p><u>Topical Medication</u> Bactine (anti-septic liquid) for wound cleansing Neosporin (triple antibiotic ointment) for minor wounds or abrasions A&D Ointment (petrolatum and lanolin) for skin irritation Blistex (topical emollient) for chapped lips, cold sores Orajel (benzocaine) for oral lesions, tooth pain Chloraseptic (phenol) spray for sore throat Caladryl (pramoxine) for rashes, itching Hydrocortisone cream 1% for rashes, itching Benadryl (diphenhydramine) topical for rashes, itching Sting Kill (benzocaine) for insect bites & stings Solarcaine (lidocaine) for minor burns Water Burn Gel (lidocaine) for minor burns QR Powder for prolonged nosebleeds Muscle balm for muscle aches Mouthwash for mouth refreshment</p>
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