

ROGERSVILLE CITY SCHOOL HEALTH INFORMATION REQUEST

Dear Parent/Guardian:

We need to update your child's health information. **Please complete the following information and return it to school as soon as possible.** This information will only be shared with necessary school personnel as needed to maintain and promote the student's health and well-being. Thank you for your cooperation.

SCHOOL YEAR 2020 — 2021

STUDENT _____ SEX _____ DATE OF BIRTH _____

GRADE _____ TEACHER _____

HEALTH CONDITIONS: If your child presently has, or has ever had, any of the conditions listed below, please circle the letter beside the health condition. If there are no health conditions, please circle **L** (No Known Disability).

- | | | |
|--------------------------------|---------------------------------|--|
| A. ASTHMA | G. ADD/ADHD | L. NO KNOWN DISABILITY |
| B. BLOOD DISORDER | H. AUTISM | M. SEIZURE DISORDER |
| C. DIABETES | I. HEARING/VISUALLY IMPAIRED | N. MENTAL HEALTH (DEPRESSION, ANXIETY DISORDER, OBSESSIVE COMPULSIVE DISORDER) |
| D. HEART PROBLEMS | J. MUSCULAR/ORTHOPEDIC PROBLEMS | |
| E. KIDNEY PROBLEMS | K. OTHER | |
| F. STOMACH/INTESTINAL PROBLEMS | | |

Please explain any condition(s) circle above: _____

ALLERGIES TO: _____

Student's Primary Care Doctor _____ Phone # _____

Student's Dentist _____ Phone # _____

EMERGENCY NUMBERS:

MOTHER'S NAME: _____

HOME: _____ MOM'S CELL: _____ MOM'S WORK: _____

DAD'S NAME: _____

HOME: _____ DAD'S CELL: _____ DAD'S WORK: _____

Contact Name _____ Relationship _____ Phone # _____

Contact Name _____ Relationship _____ Phone # _____

Contact Name _____ Relationship _____ Phone # _____

Contact Name _____ Relationship _____ Phone # _____

Does your child take medicine on a regular basis? YES or NO

If yes, what is the name of the medication? _____

Must medication be taken at school? YES or NO **IF SO**, what time of day? _____

If yes, a medication form **must** be completed and signed for **each** medicine.

Parents are responsible for providing all medications that they desire to be given to their child/children, **SEE BACK OF SHEET FOR MEDICATION POLICY.**

To: Parents/ Guardians

From: Karen Stubblefield RN, BSN

Re: **MEDICINE POLICY**

- All medications must be delivered to school in person by the parent / guardian of the student or the parent's adult designee.
- **NEVER SEND MEDICINE OF ANY TYPE TO SCHOOL WITH YOUR CHILD!**
- In the even medication is sent to school by a child, the medication will NOT be dispensed unless a parent / guardian / parent's designee comes to school to verify and sign for the medication with school personnel.
- **ALL** prescription medication must be brought to school in the original, pharmacy labeled container. Please no mixing of medications in the same bottle. (You may want to ask your pharmacist to give you an extra bottle with a label on it, one for home and one for the school clinic).
- It is recommended that all nonprescription (over the counter) medication (example: Tylenol) be brought to school in an unopened and sealed manufacturer's original container and label, with the ingredients listed and the student's name affixed to the container. **NO** Ziploc bags / Baggies, unlabeled bottles, or expired medications will be accepted!
- All unused medication will only be returned to the parent / guardian / parent's adult designee. No medication will be stored over the summer; medications left at the end of the school will be discarded before the summer break begins.

I have read the above policy and understand that my child will not receive medication at school unless my designee or I bring it in. I understand that I will be receiving a phone call to come to school to sign for any medication that is not brought in correctly.

Parent/Guardian Signature

Date

***PARENTS** ----- Please complete the other side

***TEACHERS** ----- Please return this form to the school clinic

Parent/Guardian Screening Consent

All students in grades Pre-K, K, 2nd, 4th, 6th, and 8th shall receive a vision/hearing screening, height/weight screening, and blood pressure screening during the school year. Others screened will be new students to the school system and / or students suspected of having vision / hearing problems or needing screenings for evaluation purposes. Community volunteers such as the Lions Club may be assisting with these screenings. Please notify your child's teacher at this time if you wish for him / her NOT to be included in these free screenings. Please contact the school nurse if you have any questions.