

FLEETWOOD AREA SCHOOL DISTRICT

801 North Richmond Street

Fleetwood, PA 19522

Student name _____ grade _____ homeroom _____
Parent/Guardian _____ phone(s) _____
2nd Emergency Contact _____ phone(s) _____
3rd Emergency Contact _____ phone(s) _____

1. MEDICAL AND HEALTH INFORMATION UPDATE

Please check any conditions listed below that may apply to your child and provide a brief explanation if needed.

☐ My child **does not** have any medical/health conditions.
☐ My child **does** have a health condition. *If your child had a problem in the past but no longer does, please update by writing NLA—no longer applies—in that space. Thank you.*

ADHD _____
Asthma _____
Bee sting allergy _____
Cardiac condition _____
Diabetes _____
Drug allergy _____
Food Allergy _____
Fracture within past year _____
Headaches/Migraines _____
Hearing or vision impairment _____
Hypertension _____
Illness or surgery within past year _____
Limited physical activity due to _____
Seasonal-environmental allergies _____
Seizure disorder _____
Other chronic or recurrent condition _____

2. ANY PRESCRIPTION MEDICATIONS TAKEN BY YOUR CHILD (HOME OR SCHOOL)

Med _____	dose _____	time given _____	reason _____
Med _____	dose _____	time given _____	reason _____
Med _____	dose _____	time given _____	reason _____
Med _____	dose _____	time given _____	reason _____
Med _____	dose _____	time given _____	reason _____

3. OVER-THE-COUNTER MEDICATIONS TO BE ADMINISTERED IF NEEDED AT SCHOOL

Please circle the ones that your child may take.

Tylenol Ibuprofen Benadryl Maalox Emetrol(for nausea) Midol
Robitussin Sudafed/Dimetapp Imodium

If your child needs to take a prescription medication at school, please complete the medication form found on the FASD website and send to school with the medication. If you have questions, wish to update the above information, or object to the sharing of pertinent health information with teachers for your child's safety/comfort, contact your child's nurse.

Parent signature

date