

MEDICATIONS

ALL medications that are given at school require a signed physician’s order and a signed *Authorization for Administration of Medication at School* form each year for prescription AND over-the-counter medications (This also includes medications such as: Tums, Cough Drops, Skin Creams, etc).

All medications that are considered a **Controlled Substance** will need to be brought to the Health Office by a **parent/legal guardian** and counted with a designated district staff member***

Please list all medications that your child needs DURING THE SCHOOL DAY: _____

Please list all medications that your child takes at home: _____

Throughout the year, please notify the health office of any medication and/or dosage change.

All forms can be requested from the health office and also found on the District website in Health Services

Vision: Date of last exam _____ No vision problem Wears glasses or contact

Hearing: Date of last exam _____ No hearing problem Hearing loss R/L Wears hearing aid R/L

EMERGENCIES: Does your child have a known health problem that could result in an emergency? Yes No

If yes, describe _____

Health Care Providers:

Does your child have a doctor or clinic where they usually go for health care? Yes No

Name of Doctor or Clinic	Location & Phone	Date of Last Exam
Primary:		
Specialist:		

Note: If a health condition is serious enough to be life threatening, the parent/legal guardian is responsible for sharing necessary health information with programs that take place outside of the educational day, including but not limited to, the bus service, before and after school program staff, community education staff and PTA programs.

I attest to the above information and give permission for its release for confidential use in meeting my child’s health and educational needs in school (If you do not give permission for release, contact school administration). I will contact the health office if my child’s health needs change throughout the year.

Parent/Legal Guardian signature _____ Daytime phone _____

I understand that typing my name in the signature box above constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Print Parent/Legal Guardian name: _____ Date: _____

Parent/Legal Guardian email contact: _____