

**MERCER AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES
ANNUAL HEALTH & EMERGENCY INFORMATION**

Student Last Name _____ First _____ Age _____ Date of Birth _____ Grade _____

Address _____ Home Phone _____

Student Lives With _____

Mother's Name _____ Home Phone _____ Cell _____

Mother's Workplace _____ Phone _____

Father's Name _____ Home Phone _____ Cell _____

Father's Workplace _____ Phone _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Other persons who will assume responsibility for the care of your child if you can not be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

(Please notify school immediately of any changes)

Does your child have any special health problems or physical limitations that the nurse / teachers should be aware of?

If so, please explain _____

List medications and the dosages your child takes _____

Does your child have a vision or hearing problem? _____

Does your child have a severe allergy? (bee sting, medication, or food)

If so, please explain _____

Is any special treatment / medication required? _____

I give permission for my child to receive the following medications at school as needed, please check:

() Acetaminophen (Tylenol) () Ibuprofen (Advil) () Tums (upset stomach)

Services of growth, vision, hearing, and scoliosis will be provided to students as mandated by law. Dental exams are required at 7th grade and physical exams at 11th grade. You are encouraged to have the exams performed by your family practitioner as he/she knows your child best. Or, you may choose to have the school perform the exams. Forms are sent home with the students during the school year and are available in the nurse's office. All health information is strictly confidential and will be shared only on a "need to know" basis.

I consent to the services of first aid, emergency care, and mandated screenings as deemed necessary by the school nurse, physician, and state.

Parent/Guardian Signature _____ Date _____