

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**SVSD STUDENT HEALTH INFORMATION-CONFIDENTIAL**

Student's Physician:	Phone:
Student's Dentist:	Phone:
Is the student under the care of a Specialist? Yes ___ No ___ Name:	Phone:

Does your child have any medical diagnosis or physical limitations of which the School Nurse needs to be aware? Yes \_\_\_ No \_\_\_ Please explain: \_\_\_\_\_

Please list any known allergies (food, bee sting, latex, other) for your child: \_\_\_\_\_

Does your child have an Epi-Pen? \*\*Yes \_\_\_ No \_\_\_

Does your child have Asthma? \*\*Yes \_\_\_ No \_\_\_

Does your child have a Rescue Inhaler? \*\*Yes \_\_\_ No \_\_\_

- **\*\*If yes to any of the above questions**, please contact the School Nurse, Mrs. Stephanie Erb.
- ALL medications taken during the school day MUST have a Medication Order Form on file in the nurse's office. Please contact the School Nurse, Mrs. Stephanie Erb for this form.

**Permission for Standing Order Medications (PLEASE CHECK YES OR NO)**

I give permission for my child to be assessed and medications administered by school nursing personnel:

Acetaminophen (Tylenol) \_\_\_ Yes \_\_\_ No    Ibuprofen (Advil, Motrin) \_\_\_ Yes \_\_\_ No  
Antacid tablet (TUMS) \_\_\_ Yes \_\_\_ No    Benadryl (for acute reactions only) \_\_\_ Yes \_\_\_ No

The following list of first aid supplies are used as needed: anti-itch products (Caladryl, Hydrocortisone cream, Calamine lotion), Benadryl gel, antibiotic ointment, Orajel, Vaseline, throat spray, aloe vera, cough drops, sting kill swabs, allergy eye drops, sterile eye wash solution, contact solution. Please list any of first aid supplies you **DO NOT** want used with your child: \_\_\_\_\_

Please list ALL daily medications your child takes at home: \_\_\_\_\_

I have read all the information and I have answered all questions to the best of my ability. I hereby authorize the Schuylkill Valley School District to administer first aid to my child according to the Physician's Standing Orders and to secure emergency treatment for my child for any medical situation that may arise at a time when I cannot be immediately contacted.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_