



MILLVILLE AREA SCHOOL DISTRICT

MILLVILLE, PENNSYLVANIA

2023-2024 Medical Update Form

Student's Name _____

Nonprescription Medications (over the counter)

Which of the following nonprescription (over the counter) medications is the school nurse allowed to administer to your child? Please check below.

Bacitracin () YES () NO

Caladryl/Benedryl cream () YES () NO

Cough Drops, generic () YES () NO

Orajel () YES () NO

Saline Eye Drops () YES () NO

Sting Kill () YES () NO

Tums () YES () NO

Tylenol/Acetaminophen () YES () NO

Vaseline () YES () NO

Immunizations

Please list any immunizations that your child has received in the last year including the date it was administered. Also, please send a copy to the school nurse.

Allergies

Indicate any new allergies or allergies that still affect your child.

Medical Conditions

Indicate any medical conditions that affect your child (new and known).

Parent/Guardian directive regarding your student's health information to be shared with district personnel.

____ Yes, I give permission for this information to be shared with school personnel.

____ No, I do not give permission for this information to be shared with school personnel.

I will notify the school nurse of any changes in the student's health status.

Parent Signature _____

Pennsylvania State mandated screenings (height/weight, vision, hearing, and scoliosis) will be completed for the student's grade level. Parents will be notified of results not within the recommended standards.