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. PRESCRIPTION MEDICATIONS TAKEN BY YOUR CHILD (AT 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***_____