Kenton County School District
2025
Summer Program
Medical Information

PLEASE RETURN TO SCHOOL BY:

Student Name:	Date of Birth:
Medical/Phvsician Information	
Student's Doctor:	Phone:
Student's Dentist:	Phone:
Insurance:	
Hospital Preference:	
Allergies	
Medication allergies:	
Food allergies:	
Other allergies:	
Health Conditions	
Medical Conditions:	
Are medical procedures (G-Tube feedings, catheterization, etc.) needed during the summer school day? For medication issues, please use area below.	☐ Yes ☐ No
If answered yes, was this procedure done during the previous school year? Please describe the procedure:	☐ Yes ☐ No
Activities of Daily Living	
Does this student need assistance with eating? If yes, please explain:	☐ Yes ☐ No
Does this student require diaper changes or assistance with toileting?	☐ Yes ☐ No
Only gloves are supplied by the school. If additional supplies are required they must be provided by family, including wipes.	
Medications	
Will medication need to be given/available to this student during the hours of the Program?	☐ Yes ☐ No

If yes, list Medication that will be **given or be available during the Summer Program**	Dose	Was this medication given/ available during school year ?
1.		☐ Yes ☐ No
2.		☐ Yes ☐ No
3.		☐ Yes ☐ No
4.		☐ Yes ☐ No

Parent Signature:	Date:
Nurse Signature:	Date:

Central Office Use Only

Transportation	AM	PM	Routine Medication	Yes	No
Medication Orders on File	Yes	No	Emergency Medication	Yes	No
Procedures Orders on File	Yes	No	Is driver medication trained?	Yes	No N/A
T&TH T,W,&TH M,T,W,&TH M,T,W,TH,& F			Other:		