

Kenton County School District

2024

Summer Program

Medical Information

PLEASE RETURN TO SCHOOL BY:

Student Name:			Date of Birth:		
Medical/Physician 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?				Yes	No
Please describe the procedure:					
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
T&TH	T,W,&TH	M,T,W,&TH	M,T,W,TH,& F	Other:	
			N/A		