Northern York County School District
Medical Verification Form

Dear Parent/Guardian

It is very important that we maintain current health records for your child. If you have not yet completed the Medical Verification form on the Sapphire Parent Portal; please see the instructions for *Creating a Parent Account*. If you are still unable to complete the form on line; please complete this paper version and return it to school nurse as soon as possible.

Child's Name: _________________________ Grade ________School: __________________________

Hospital Preference: ___________________________________

Primary Care Physician's Name: ______________________________ Phone: _____________________________
Address: ____

Primary Dentist's Name: ___________________________________Phone: _______________________________
Address: ____Date of last visit:_______________________

Please circle any of the Medical Standing Orders you **DO NOT WANT GIVEN TO YOUR CHILD** by the school nurse.

Bacitracin **Benadryl** **Caladryl (anti-itch lotion) -** **Cough Drops**
Topical Skin Anesthetic (Bee Sting wipe) **Tums** **Tylenol (Generic)** **(Generic) Ibuprofen**

Please list any Allergies your child has: ____

Please List any Medical Conditions your child has: ____
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List Prescribed medications to be give at school – Name, Dose, and Time (All medications to be given at school, both prescription and over the counter**, require a written order from your doctor requesting it be given by the school nurse**.

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Please List any medications your child takes at Home: ____

Please List the name and date of any immunizations your child received in the last year, Name and Date

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List any serious health problems/injuries your child has had in the last year and care they are currently receiving from a physician: ____

I give consent for NYCSD to release medical information to medical and school personnel to promote the health and safety of my child**. YES or NO**

I understand that Emergency Room transport and treatment, if needed will be at my expense.

_______________________________ ____________________

Parent Signature **Date**