

## Durham - Freeport - Pownal Student Health History/Medication Permission Form

Code: JHH-E

## To be completed by Parent/Guardian

Student Name:		Birth Date:	Grade:
It is important that the school nurse h	nas the most current he	ealth information includ	ing significant health concerns and
Significant health history or restriction etc): Please provide significant health history or restriction etc.		0,	
Have there been any changes in y development of new allergies, ser		,	
Has your child been diagnosed w	ith a concussion? If	yes, list date:	
Current medications if any:			
Is there anything in your child's r	medical/mental health	h history you would lik	e us to be aware of?
I give permission to administer d	ose appropriate:		Tylenol): Yes □ No □  (Motrin): Yes □ No □
nurse's discretion: Bactine, anti-itc petroleum jelly (Vaseline).	form you are consent	ing for your child to recointment, cough drop	eive the following medications at the s, contact solution, aloe vera,
	Phone:		
Dentist:			
Other Specialist, Counselor, Eye Car  Does your child have Health Insur  Do you need help with finding De	rance: Yes $\square$ No $\square$	Insured under Mai	ineCare: Yes 🗆 No 🗆
◆ I give permission for release of info educational needs in school.	ormation on this form	for confidential use in n	neeting my child's health and
<ul> <li>I authorize exchange of information</li> <li>records, and health concerns.</li> </ul>	n with my child's phy	sician for required schoo	ol physical examination, immunization
♦ I recognize that school personnel v	vill take the appropria	te steps in a medical situ	nation, including calling Rescue 911.
Parent/Guardian Signature:			Date:
Parent/Guardian Print Name:			