

**HEALTH HISTORY and MEDICATION ADMINISTRATION (2024-2025)**  
**MIDDLE SCHOOL & HIGH SCHOOL (6<sup>th</sup> - 12<sup>th</sup> grade)** *Deuel School District #19-4*

|                             |                         |                 |
|-----------------------------|-------------------------|-----------------|
| (CHILD'S) LAST NAME         | FIRST NAME              | GRADE           |
| ____/____/____<br>BIRTHDATE | Male: ____ Female: ____ | PARENT/GUARDIAN |
| PHYSICIAN/PROVIDER          | CLINIC                  |                 |

YES    NO

- Are there any significant health concerns (asthma, seizures, diabetes, etc.), which should be known by the school? If YES, describe:
  
- Are there any school restrictions, modifications, and/or interventions required? If YES, describe:
  
- Are there any medical emergencies that may occur because of your child's health condition?
  
- Would you like to discuss any concerns regarding your child's health with a school nurse? If YES, please list phone number: \_\_\_\_\_

- **Immunization Records:** The South Dakota Immunization Information System (SDIIS) is an automated system to record vaccination records. SDIIS gives you access to your child's immunization record from any participating South Dakota health care provider. Immunization records received by the school will be entered into the registry. If you choose not to share your child's record, please contact the school within two weeks to request a refusal form.
- **Release of Information/Notice of Privacy:** In order to provide a safe and healthy environment for your child, this health information will be shared with appropriate school staff. If you would like to review the Notice of Privacy Practices from the South Dakota Department of Health, please refer to the website: <https://doh.sd.gov/documents/HIPAANotice.pdf>
- **Emergency:** In the event physicians, parents, or designated emergency contacts cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. Responsibility for payment of ambulance, physician, and/or hospital expenses is that of the parent/guardian. I give permission to medical personnel to provide emergency health care.
- **Medication Administration:** Students in grades 6-12 have the option to bring one day's dose of medication (ex. Tylenol) to school and self-administer as needed. If the medication is a controlled substance or if you request a school personnel to assist with medication administration, please discuss with a school nurse in order to complete an additional form.
  - Self-administration of medication (unsupervised): I authorize my child to bring one day's dose of medication to school and self-administer the medication (if not a controlled substance). I understand self-management privileges will be lost if he/she does not use the medication properly or responsibly. The Deuel School District and personnel will not be held liable.

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|---------------------------|------|
| PARENT/GUARDIAN SIGNATURE | DATE |
|---------------------------|------|