



NORTHERN LEHIGH MIDDLE SCHOOL HEALTH OFFICE INFORMATION



Student's Last Name: _____ Student's First Name: _____

Grade: _____ Homeroom: _____ Male: _____ Female: _____

Has your child ever had any serious illnesses, operations, or special health concerns?

_____ Yes _____ No

What? _____ When? _____ Where? _____

Is your child presently taking any medications? _____ Yes _____ No

If yes, please specify: _____

Is your child allergic to anything such as food, insects, plants, or medicines? _____ Yes _____ No

If yes, please specify: _____

Does your child carry an Epipen? _____ Yes _____ No

Does your child carry or use an inhaler? _____ Yes _____ No

What hospital would you prefer if a choice is possible? _____

Do you give permission for your child to receive acetaminophen (Tylenol) or ibuprofen (Advil) in the Health Office as needed for pain? _____ Yes _____ No

I DO HEREBY RELEASE, DISCHARGE AND HOLD HARMLESS, THE NORTHERN LEHIGH SCHOOL DISTRICT, ITS AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY AND CLAIM WHATSOEVER FOR THE ADMINISTRATION OF THE ABOVE MEDICATION TO MY CHILD AND AGREE THAT SAID DISTRICT SHALL NOT BE HELD ACCOUNTABLE FOR THE DEVELOPMENT OF ANY TYPE OF REACTION FROM THE ADMINISTRATION OF SUCH MEDICATION.

It is the responsibility of every parent to provide transportation from school to your home whenever your child becomes ill or suffers an injury. However, when possible, the school will cooperate to the best of its ability in caring for these emergencies. If your child has a minor injury and first aid has been administered, it is your responsibility to care for the injury thereafter.

I hereby give permission for my child to be taken to a doctor or hospital in the event that I cannot be reached. If my child has no school insurance, I will accept all payment responsibility for care.

Signature of Parent/Guardian: _____ Date: _____