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: _____
_____

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**.
_____

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
_____

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**