ADVANCED MATH AND SCIENCE ACADEMY CHARTER SCHOOL

Student Health Office Information Sheet and Parent Permision for Over-the-Counter Medication 2025-26

*****Please complete accurately and return it promptly to the School Nurse, as this may accompany your child if emergency care is needed.*

Student's Name: (Last)________________________________(First)__________________________**Date of Birth**:_____**Gender:**(   )Male(   )Female(   )Non Binary

Address: ____**Town/City:** ________________________ **Zip Code:** ___________

Student's Cell Phone0: _______________________ **Primary Language:** _______________ **Primary Language at Home:** ________________

Who does the student live with? (   )Both Parents   (   )One Parent   (   )Parents share custody   (   )Other (guardian)

Name and Grade of Siblings in the School Building: ____

Transportation: Bus_____ Parent Pick-up_____ Extended Day Program________ After School Programs__________

In case of a medical emergency, the school will make attempts to contact parent/guardian if 911 is called. Please complete Parent/Guardian and Medical Provider Contact Information.

Primary Contact #1:

Name: ____

Relationship to Student: _________________________________

Cell Phone: ____

Work Phone: ____

Employer: ____

Primary Contact #2:

Name: ____

Relationship to Student: ______________________________________

Cell Phone: ____

Work Phone: ____

Employer: ____

Emergency Contact Name (Must be other than Parent/Guardian) Name: ____

Relationship to Student: ___________________________   Phone: __________________________

Medical Provider's Name: ____ **Office Phone:** ______________________

Please List any Medications your student is Currently Taking - at home and/or at school including, OTC, prescription, herbal/supplements: ____

A List of Life-Threatening Allergies to: (   ) Foods   (   ) Insects/Bees   (   ) Latex   (   ) Medications

If so, please **specify allergy:** ____

Please list any Health Concerns that apply to your Child and explain (Medication/Treatment);List a Specialist Name & Phone # if under care____

(   ) **Physical Limitations, SpecialEquipment**____

I give the school nurse permission to share this information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis, and treatment**. (   ) Yes (   ) No**

Parental Permission for Over- The- Counter Medication (OTC) Orders 2025-26 In accordance with the AMSA standing orders and protocols signed by school physician, Dr. Angela Hunt, M.D., the medications listed below will be dispensed with written permission from a parent or guardian. Your child may receive up to three (3) doses each school year of OTC medications - these medications are intended for very infrequent use. No medication will be dispensed if your child exhibits a fever, or any signs of an illness/ or condition that warrants a medical provider's assessment. Other pain relief methods such as ice/heat packs, rest and hydration/snack will be used before medication is offered. Any child needing more than 3 doses per school year is required to obtain a medical provider's orders.

My child has permission to receive the medication(s) checked below. I understand this medication will be given only after the nurse(s) have made an assessment and determined it is appropriate:

(   ) Ibuprofen 400 mg (Dose administered based on weight per standing order by school physician), for relief of pain.

(   ) Acetaminophen 650mg (Dose administered based on weight per standing order by school physician), for relief of pain

(   ) Caladryl, for topical skin application for itch relief   **(   ) Vaseline**- for dry skin, cracked lips or minor wound care.

(   ) Please notify me when my child has been given a dose of Ibuprofen or Acetaminophen

Parent/Guardian Signature: ____ **Date:** __________________

If your child requires medication or special care at school, please contact the Health Office. A signed medical order and parent permission form is required for medicine or treatment given at school.

Edited 6/3/25 MGW