

# NDP HEALTH OFFICE INFORMATION FORM

## 2025 - 2026

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Allergies (food, medication, etc.): \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Health concerns we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vision problems: \_\_\_\_\_ Hearing problems: \_\_\_\_\_

How will your child react if they are injured or ill? \_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

THE FOLLOWING ITEMS ARE AVAILABLE IN THE HEALTH OFFICE FOR USE IN THE EVENT OF ILLNESS OR INJURY. PLEASE CHECK THE BOX FOR EACH ITEM WE MAY USE FOR YOUR CHILD: *Please note: if your child will need allergy medication or antacids during the school day you will need to fill out a medication form and bring in your own supply.*

Ibuprofen (Advil, Motrin)

Acetaminophen (Tylenol)

Cough drops

First Aid Wash

Hydrocortisone 1% lotion

Antacids (Tums)

Bacitracin ointment

Benadryl

Sterile Eye Wash

Child's Weight \_\_\_\_\_ Dosage:  Give dosage recommended for weight

Other \_\_\_\_\_

***I GIVE PERMISSION FOR THE ABOVE CHECKED ITEMS TO BE USED IF NECESSARY***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_