

Pine Grove Area School District

SCHOOL HEALTH SERVICES

2026-2027 School Year

Medical Information

Name of Student_____ Grade_____

Family Physician_____ Physician Phone number_____

Allergies_____

Medical Problems_____

Additional Information_____

- ☐ Yes, I give permission for this information to be shared with appropriate school personnel.
- ☐ No, I do not give permission for this information to be shared with appropriate school personnel.

If your child has Asthma / Bee Sting Allergy / Food Allergy / Seizures, please use this link to download the appropriate health plan. This form should be completed by your child's healthcare provider and returned to the school nurse as soon as possible. <https://www.pgasd.com/departments/school-health>

Over the Counter Medications

The Pine Grove Area School District, in consultation with the school physician, will allow the administration of the following Over the Counter Medications: Acetaminophen, Ibuprofen, and Tums (or generic equivalent).

- ☐ I give permission for the above medications to be given to my child during school hours. I do hereby release, discharge, and hold harmless the Pine Grove Area School District, its agents and its employees from any and all liability and claim whatsoever for the administration of the above medications to the above named child.
- ☐ I do not give permission for the above medications to be given to my child during school hours.

Signature of Parent/Guardian

Date