

→ COMPLETE BOTH SIDES
→ RETURN TO NURSE TOMORROW

**METHACTON SCHOOL DISTRICT
STUDENT HEALTH FORM
SCHOOL YEAR: 2026-2027**

STUDENT NAME _____ **ID#** _____

GRADE _____ BIRTHDATE _____ BUILDING _____
GENDER _____

EMERGENCY CONTACT INFORMATION:

PARENT / GUARDIAN NAME: _____ CELL # _____

EMAIL _____ WORK # _____ HOME# _____

PARENT / GUARDIAN NAME: _____ CELL # _____

EMAIL _____ WORK # _____ HOME # _____

Child Lives with: (ie: mother, father, guardian, other) _____

Custody Information on File at School? ____ YES ____ NO ____ N/A

Other Contacts Not Listed Above My Child May Be Released To:

NAME & RELATIONSHIP (TO CHILD)

PHONE #

1. _____
2. _____
3. _____

Siblings in Methacton School District/ Grade: _____

I GIVE PERMISSION FOR MY CHILD TO BE ADMINISTERED THE FOLLOWING BY SCHOOL HEALTH PERSONNEL (Approved by School Doctor) **(Please Check YES or NO)**

IBUPROFEN (ADVIL) ____ YES ____ NO

ACETAMINOPHEN (TYLENOL) ____ YES ____ NO

THROAT SPRAY ____ YES ____ NO

COLA SYRUP (GI Upset) ____ YES ____ NO

PEPTO BISMOL ____ YES ____ NO

TUMS ____ YES ____ NO

BENADRYL ____ YES ____ NO

LOZENGES ____ YES ____ NO

NEOSPORIN ____ YES ____ NO

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★ **PLEASE BE SURE TO SIGN AND RETURN TO THE SCHOOL NURSE**

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STUDENT NAME: _____ GRADE _____

MEDICAL HISTORY

ALLERGIES _____ YES _____ NO TYPE _____ EPI PEN _____ YES _____ NO
ASTHMA _____ YES _____ NO INHALER _____ YES _____ NO _____ N/A
SEIZURE DISORDER _____ YES _____ NO

Describe: _____

PRESCRIPTION MEDICATIONS TAKEN AT HOME: _____

DIABETES _____ YES _____ NO _____ TYPE I _____ TYPE II

Method of Insulin Delivery: _____

CARDIAC CONDITION _____ YES _____ NO

Describe: _____

ANNUAL HEALTH UPDATE:

Serious Illness, Injury, Hospitalization or Operation during the past year? _____ YES _____ NO

Describe: _____

Does your Child have a Hearing and/or Vision Disorder? _____ YES _____ NO

Describe: _____

IMMUNIZATION UPDATE:

If your child received any immunizations during the past year, please attach the physician documentation to this form.

I have reviewed this form and certify that all information is complete and accurate. If this information changes during the school year, I will contact the School Nurse with updates.



PARENT/ GUARDIAN SIGNATURE

DATE

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