HEALTH HISTORY UPDATE 2026/ 2027

Child's Name_____ Date of Birth _____

Parent 1: _____ Cell: _____ Day Phone: _____

Parent 2: _____ Cell: _____ Day Phone: _____

Family Physician: _____ Phone: _____
Family Dentist: _____
Other Specialist: _____
Medications: _____
Operations/Injuries: _____
Admissions to Hospital: _____
New Allergies: _____
New Health Conditions: _____

Our school doctor has provided standing orders to administer medication for this school year. The following information will allow the school nurse to administer over–the-counter medication during school hours, such as acetaminophen (Tylenol), Ibuprofen (Advil/Motrin) and/or Diphenhydramine (Benadryl). These medications can be given as needed with the written permission from the student's parent/guardian. Medication **CANNOT** be given if this form is not completed.

I give permission for the school nurse to administer the following medications according to the packaging instructions for over the counter medications, to my child(ren). I relieve the Quinton Township School Board of Education and its employees of liability for administration of the medication.

- Acetaminophen (Tylenol): _____
- Ibuprofen (Advil/ Motrin): _____
- Diphenhydramine (Benadryl): _____

I have received (available on website), read and understand the fact sheets on potassium iodide and understand that in an event of nuclear release my child may be given KI, subject to my permission.

___ I DO want my child to be given potassium iodide (KI) in the event of a radiological emergency only when recommended by County and/or State Health Officials.
___ I DO NOT want my child to be given potassium iodide (KI).
___ DO NOT give potassium iodide to my child because he/she is allergic to iodide or has a medical contraindication.

****The above health information that may be pertinent to the safety and well-being of your child will be shared/available to all staff members directly involved with your child. Your signature below will permit access to staff members. A signature must be provided to share this information.**

Signature of Parent/ Guardian: _____ Date: _____