

Dover Sherborn Public Schools

Health Services

157 Farm Street, Dover, MA 02030

www.doversherborn.org

Aimee Versaw, BSN, RN, School Nurse Pine Hill

Arlene O'Donovan-Driscoll, MSN, RN, School Nurse High School

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Kate Pollender, BSN, RN, School Nurse Chickering School

Aimee Versaw BSN, RN, Nurse Leader

Dr. Richard Garber, District Pediatrician

Health Information and Consents

Student Name: _____ Grade: _____ Date: _____

Allergies: Please provide a list of medication, environmental and food allergies:

Does your child require an epipen? ☐ Yes ☐ No

If yes please provide the nurse with a signed *Allergy Action Plan* and epipen in the pharmacy labeled box.

Medical/Health Problems: Please list any medical/health conditions or concerns that the school nurse should be aware of (additional space below if needed) _____

Medications: Please list any daily or as needed medications your child is currently taking including dose and frequency. _____

Does your child require an inhaler? Yes ☐ No ☐

If yes, please provide the nurse a signed Asthma Action Plan and the inhaler in a pharmacy labeled box.

Consent:

I give permission for my child _____ to receive the following over the counter medications, or generic equivalent as ordered by the school physician; acetaminophen, Ibuprofen, Benadryl, Tums, Caladryl, Hydrocortisone ointment, antibiotic ointment, hand sanitizer and cough drops.

YES ☐ **NO** ☐ If no, please list the medications you DO NOT want your child to receive.

Health information may be shared with school/professional personnel on a need-to-know basis.

YES ☐ **NO** ☐

Parent or guardian signature: _____ *Date:* _____

Physician Name: _____ *Phone:* _____

Health Insurance Company: _____ *ID Number* _____

Additional comments/information (if needed): _____

