Student Name: _____ Grade_____

Are there any health concerns the school nurse should be aware of?

Is your child allergic to anything? If yes, please list allergen and the type of reaction.

Does your child require any special diet modifications? (Ex: no milk, allergic to seafood) If yes, please be sure to turn in a Diet Modification Form completed with Doctor signature.

Will your child need to take any medications (including inhalers) WHILE AT SCHOOL? If yes, please list and complete the Medication Permission Form.

If needed can the school nurse or trained personnel give the following to your child?

	Yes	No
Ibuprofen (Motrin/Advil)		
Acetaminophen (Tylenol)		
Antacid tablets (TUMS)		
Diphenhydramine (Benadryl)		
Hydrocortisone cream		
Cough drops		

Signature:_____ Date:_____