

MEDICAL UPDATE

Please list any current medical/psychiatric conditions or disorders your child has: (include Attention Deficit Disorder)

Please list any allergies (food, environmental, medicine):

This past year, has your child had: (If yes to any answers, please explain below)

- | | | |
|---|---------|--------|
| 1. surgery? | ___ Yes | ___ No |
| 2. treatment for any medical, orthopedic, or emotional disorders? | ___ Yes | ___ No |
| 3. immunizations outside of school? | ___ Yes | ___ No |
| 4. Chicken Pox? | ___ Yes | ___ No |

If yes, _____

Is your child taking any medication now? ___ Yes ___ No

Prescription _____ Over-the-counter _____

Please list medication and reason for taking _____

Does your child have medical concerns that may require treatment/care while at school? ___ Yes ___ No

(Includes asthma, food allergies, bee sting allergies that require an Epi-pen)

If yes, _____

Over-the-Counter Medication

Occasionally, students require over-the-counter medication. The following may be given by the School Nurse or her/his designee on an as needed basis according to recommended guidelines. However, medication needs to be provided by a parent or guardian (a form for this is included)

Check any that you give permission to administer:

Tylenol (or generic equivalent)

Advil (or generic equivalent)

Either Tylenol or Advil would be OK

___ Notify by phone before/after (circle one)

___ A note home will be fine

___ No need to notify

*Primary Care Physician's signature _____ Date _____

***The information you provide is considered confidential. Please understand that certain medical information may be shared with staff members with a need to know. If you do not wish for information to be shared, please provide the school with your request in writing.**