

# Annual Health Update & Non-Prescription Medication Permission Form

Saint Joseph School - Brookfield, CT 06804

**Grades K thru 8 for school year \_\_\_\_\_**

*Please provide a separate form for each child*

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_ **Teacher** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

Updated student health history – please complete the following:

Yes \_\_\_ No \_\_\_ My child has the following allergies (environmental, food, insect ...): \_\_\_\_\_

Yes \_\_\_ No \_\_\_ I will provide an Epi Pen for in school allergic reactions. **Medical treatment orders required.**

Yes \_\_\_ No \_\_\_ I will provide Benadryl for allergic reactions. **OTC form required if not part of treatment orders.**

Yes \_\_\_ No \_\_\_ I will provide an inhaler for in-school use. **Medical authorization orders required.**

My child takes the following medications: \_\_\_\_\_

My child has the following medical condition(s): \_\_\_\_\_

**Please call the school nurse if you wish to discuss any health issues regarding your child.**

Below is a list of 4 medications that have been authorized by our school physician for administration by the school nurse with **written parental permission (your signature at bottom of page)**. *Please indicate which of these medications you authorize the school nurse to administer to your child during school hours if needed.*

- |  |   |
|--|---|
| 1. <u>Acetaminophen</u> (generic Tylenol) Yes ___ No ___   | 2. <u>Antacid</u> (Tums) Yes ___ No ___ |
| 3. <u>Ibuprofen</u> (generic Motrin, Advil) Yes ___ No ___ | 4. <u>Cough drops</u> Yes ___ No ___    |

➤ I want to be notified every time the nurse administers medication to my child. Yes \_\_\_ No \_\_\_

<b>First daytime phone number to call</b> _____	
Mother's Name _____	Father's Name _____
Mother's Home # _____	Father's Home # _____
Mother's Cell # _____	Father's Cell # _____
Mother's work# _____	Father's work # _____
Hospital of choice _____	Pediatrician _____ Phone # _____

*In case of serious injury or illness at school, your child will be sent to an emergency medical facility. Parents/guardians will be contacted immediately and are responsible for all expenses.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_