

Student Name: _____ Grade: _____

Our School Physician, Dr. Lisa Rembetsy-Brown, has agreed to grant her permission for the administration of **Acetaminophen, Ibuprofen and Tums** in the school at the discretion of the School Nurse, with written permission on file in our Health Office. If you choose to give permission, please complete the form below.

MEDICATION PERMISSION FORM (check yes or no for each medication listed below)

Yes No I give permission to the School Nurse to administer Acetaminophen (Tylenol) 240-650 mg per weight guidelines by mouth as needed.
 Yes No I give permission to the School Nurse to administer Ibuprofen (Advil) 200-400 mg per weight guidelines by mouth as needed.
 Yes No I give permission to the School Nurse to administer Tums (or generic equivalent) 1-2 tablets as needed for heartburn or upset stomach.

Parent/Guardian Signature: _____ Date: _____

HEALTH HISTORY: LIFE THREATENING ALLERGIES: Please indicate if your child has a physician verified allergy to any of the following. If yes, please provide official documentation by your child's physician and an Emergency Care Plan to the School Nurse at the beginning of the school year. Written prescriptions are required for all Epi Pens, Benadryl and inhalers.

Bee Stings Peanuts/Nuts Latex Medication _____ Other Food _____

Describe your child's allergic reaction: _____ Emergency Care Plan _____

Is Epi Pen Required? Yes No Is Benadryl required? Yes No
 Has Epi Pen ever been used? Yes No Has Benadryl ever been used? Yes No
 Does your child carry his/her own Epi Pen? Yes No Asthma inhaler? Yes No

OTHER ALLERGIES (please list):

Medications _____ Lactose Intolerant _____ Seasonal _____
 Environmental _____ Other _____
 Describe reaction _____ Medication used for symptoms _____

ILLNESS/CHRONIC CONDITIONS (Indicate if your child has experienced any of the following and explain below)

Asthma Anxiety Attention Deficit Concussion Date _____
 Depression Diabetes Fainting Heart Condition
 Hearing Deficit Hospitalization Migraines Recent Surgeries Date _____
 Injuries Scoliosis Other _____
 Please explain condition: _____

HEALTH CARE: Does your child have health insurance? Yes No Mass Health? Yes No No Insurance? Yes No
(If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the School Nurse for more information about these programs. All communications will be confidential.)

Name of Health Insurance Company _____ Policy # _____

Physician _____
Name Street Address Town Zip Telephone

Scoliosis (postural) screening is done in grades 5-9. If you DO NOT wish your child to participate in this screening please sign here

Vision: Eye Glasses: Yes No Contact Lenses: Yes No Date of last eye exam _____

Sports: Do you know of any reason your child should not participate in sports/fitness? Please explain _____

(Note: A physical exam is required for students entering grades K, 3, 6 and 9 as well as annually for school sports at the middle and high school level)

MEDICATIONS: Please list prescribed and over the counter medications your child takes. Include herbal treatments.

Name of Medication & Dose	Reason	Home	School

Statement: "In the event of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist listed on this form and to follow his/her instructions. If the physician or dentist is unable to be reached, the school may make whatever arrangements are necessary. I give permission to the School Nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to the school nurse to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment, as well as obtaining current immunization and physical exam status."

Parent/Guardian Signature: _____ Date: _____