



WESTVIEW SCHOOL CORPORATION

Annual Health Information Update

School (circle one): MES SES TES WES WJSH

Student: _____ School Year: _____ Grade: _____

Date of Birth: _____ Sex: _____

Mother/Guardian Name _____ Home Ph: _____ Work Ph: _____ Cell Ph: _____

Father/Guardian Name: _____ Home Ph: _____ Work Ph: _____ Cell Ph: _____

Doctor's Name: _____ Dr. Phone: _____

Emergency Contact #1 (other than parent) _____ Ph: _____

Emergency Contact #2 (other than parent) _____ Ph: _____

Emergency Medical Treatment Authorization: In the event of injury or illness while at school or a school sponsored activity, I understand that the school will take whatever action is deemed necessary at the time for the safety and well-being of the student. I understand that every effort will be made to contact the parent/guardian or designated emergency contacts in an emergency: however, in the event they cannot be reached, I hereby authorize the school to secure Emergency medical treatment for my child if necessary. This action will include but not be limited to:

- 1. Providing supportive care of minor first aid treatment (listed approved medications are on the back to use with your permission)
2. Giving acetaminophen (generic for Tylenol) for fever of 102 or greater. Giving diphenhydramine (generic for Benadryl) by mouth for allergic reaction to food or insect bite.
3. Allow my student's emergency contact to do the following: (mark all that apply)
a. Transport student /give permission for the student to be released from school
b. Authorize and/or dispense over-the-counter, one time medications

Please check if your child has any CURRENT Medical conditions:

Diabetes: Type 1 Type 2 Heart Condition Seizure Disorder
Other: Asthma Bleeding Disorder
Allergies: (circle) Insect Sting / Foods / Medication / Other
List Allergies:
* If your child has Life-threatening allergies, does your child require an Epi-Pen while at school?
* Are dietary restrictions required for your student's food allergies?
* If your child has Asthma, does your child require an inhaler or nebulizer meds at school?
If you indicated that your student has any of the above health concerns, please have your physician complete a Westview Schools Health Care Plan, located in the School Nurse Office

ADD/ADHD Frequent ear infections Frequent headaches Frequent nose bleeds Stomach problems
Vision Impaired (glasses/contacts) Hearing Impaired (hearing aid) Orthopedically Impaired (physical limitations)

Please list ALL your child's medications:

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE:

- All prescription and non-prescription medication to be administered at school must be brought in the original container with written instructions, including medication name, dosage, and time of administration.
- Herbal, homeopathic preparations and Oils that are not FDA approved will not be administered.
- Any medication left in the clinic must be picked up by parent OR may be picked up by child if written permission is given.

Surgical History (procedure/date): _____

Comments regarding your child's physical or emotional health: _____

The following medications are available to dispense in the nurse's clinic by the nurse or a designated school employee in the absence of the nurse. Please mark whether or not you give permission for your child to be treated with these medications.

Fill in completely

	YES	NO
Acetaminophen (Generic form of Tylenol as directed on label)		
A & D ointment (Skin Protectant)		
Antacids (Generic form of Tums/Roloids) **Not applicable for K-4 students**		
Bacitracin ointment (Antibiotic ointment for minor wounds)		
Benzalkonium Chloride Antiseptic Wipe (Generic for Bactine Antiseptic)		
Calamine lotion		
Diphenhydramine Hydrochloride Cream and Oral Antihistamine (Generic Benadryl)		
Eye irrigating solution		
Hydrogen Peroxide		
Petroleum Jelly (Vaseline)		
Sore Throat spray (Chloraseptic)		
Topical analgesic for insect bites		

Note: Acetaminophen is generally not given before 11:00 am for grades K-4 or before 12:00 pm for grades 5-12 unless verified with parent that student has not taken a form of acetaminophen at home. Many over the counter medications also contain Acetaminophen and we do not want to give your child too much.

This form will remain valid throughout the entire school year. Information is shared as needed with teachers and staff for safety and to aid in your child's education. Thank you for your cooperation.

Signature of Parent/Guardian: _____ **Date:** _____