

MARION COUNTY SCHOOLS ANNUAL HEALTH RECORD UPDATE / EMERGENCY CONTACT

Name _____ Sex: Male Female Birthdate _____ Grade _____
Last First MI

Address _____ Home Phone _____
Street City State Zip code

Student lives with: Both parents Mother only Father only Mother & stepfather Father & stepmother
 Agency Self Legal guardian Other _____

Mother's name _____ Father's name _____

Mother's work phone _____ Father's work phone _____

Mother's cell phone _____ Father's cell phone _____

Emergency contact _____ Phone _____
Name Relationship to child

Emergency contact _____ Phone _____
Name Relationship to child

Doctor _____ Phone _____ Dentist _____ Phone _____

Dear Parent: Please describe your child's health concerns in detail below. It is important that you keep the school informed of any changes in health or medication which would affect your child's performance. If your child needs to take medication at school, please notify the school nurse. This includes overnight field trips or sporting events that may extend past normal school hours.

No health problems to my knowledge.

Current Health History:

Please answer by checking

	No	Yes		
Does your child have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contacts	<input type="checkbox"/> Glasses
Does your child have hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing aid	<input type="checkbox"/> Other: _____

Check if your child has any of the following:

	No	Yes		
Allergy – food (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EPI-PEN*	
Allergy – insect (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EPI-PEN*	
Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> INHALER*	<input type="checkbox"/> NEBULIZER*
Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> INSULIN INJECTION*	<input type="checkbox"/> INSULIN PUMP*
Heart problem (type) _____	<input type="checkbox"/>	<input type="checkbox"/>		
Seizures (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> EMERGENCY MEDICATION* _____	
ADHD _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MEDICATION @ SCHOOL* _____	

Explain if other issues exist (including learning disabilities) _____

Does your child need additional medication while at school or after-school functions? Yes* No If yes, explain _____

Medications and/or treatments must be brought to the school by a parent. Do not send to school with student.

Does your child take medications of any kind at home? Yes* No If yes, explain _____

Has your child had any serious injuries and/or surgery? Yes* No If yes, explain _____

The school nurse must sometimes share health information with school staff. If you have concerns about sharing this information, please contact the school nurse.

***Students requiring medication (prescription or non-prescription) at school, MUST have a written order by a Licensed Health Care Professional and written parent consent. These forms are available at every building from the secretaries and the school nurse. This MUST be completed ANNUALLY, or the medication can NOT be given.**

I authorize MARION COUNTY SCHOOLS to contact a doctor/dentist or 911 if necessary, and I further authorize those contacted to initiate necessary treatment for emergency care, including transportation to the hospital, at my expense. I understand that MARION COUNTY SCHOOLS, its employees, and Board of Directors assume no liability of any nature in relationship to transporting or treatment of said minor.

IT IS VERY IMPORTANT THAT YOU INFORM THE SCHOOL NURSE OF ANY CHANGES IN YOUR CHILD'S HEALTH THAT MAY OCCUR THROUGHOUT THE SCHOOL YEAR.

Parent/Guardian Signature _____ Date _____

PARENTS:

The health and safety of ALL children in our schools is very important to us. Especially during this pandemic, it is even more important than ever to focus on the health and medical well-being of our children.

PLEASE follow these policies to help us keep your children safe:

- ❖ **NO** medication, including prescription AND over-the-counter medications (OTC), may be in the school building without a physician's order AND signed consent by the parent.
 - **ALL** inhalers, Tylenol, Motrin, Benadryl, etc. **MUST** have physician orders.
 - **IF** your student carries any medication with them during the day or in a backpack on the bus (including inhalers and OTCs mentioned above), the physician's order **MUST** specify that the student may self-carry.
- ❖ **STUDENTS WITH SYMPTOMS OF ILLNESS WILL NOT BE PERMITTED TO REMAIN IN SCHOOL**
 - **PLEASE** complete the "Daily Home Screening for Students" questions **DAILY**, **BEFORE** sending your child to school.
 - **IF** a child has **ANY** infectious symptoms, or symptoms that promote the spread of illness (especially through respiratory droplets), parents will be called to pick-up their child immediately.
 - **IF** you do not have reliable transportation to pick-up your sick child, it is very important that we have additional contact numbers of someone that can pick-up your child at any time during the school day.
- ❖ **STUDENTS WITH SYMPTOMS OFF ILLNESS WILL BE ISOLATED IN A "SICK CARE AREA" UNTIL PICK-UP**
 - Your child will remain under visual supervision of a staff member who is at least 6 feet away.
 - Your child AND supervising staff member will be required to wear appropriate face coverings.
 - ALL children, regardless of age, will wear appropriate face coverings when symptoms of illness are present (when health appropriate).

If you would like to speak with your Certified School Nurse, please call your school.

PLEASE LIST ALL CONTACTS WHO HAVE PERMISSION TO PICK-UP YOUR CHILD, IF A PARENT IS UNABLE:

We will call parents/guardians first. If parent/guardian can NOT be reached, the following people will be called. PLEASE, check with each person to verify their acceptance of this responsibility **BEFORE** adding them to this list.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

By signing below, you give permission for the person(s) listed above to pick-up your child.

Parent/Guardian Signature _____ Date _____