



WESTVIEW SCHOOL CORPORATION

Annual Health Information Update

School (circle one): **Westview Junior-Senior High School** **Westview Elementary School**

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: _____

Dr. Name: _____ Dr. Phone: _____

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

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

Emergency Medical Treatment Authorization: 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.
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 _____
 - a. Authorize and/or dispense over-the-counter, one time medications _____

Please check if your child has any of the following CURRENT 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? ____ Yes ____ No

* Are dietary restrictions required for your student's food allergies? ____ Yes ____ No

* If your child has Asthma, does your child require an inhaler or nebulizer meds at school? ____ Yes ____ No

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 nose bleeds ____ Stomach problems

____ Vision Impaired (glasses/contacts) ____ Hearing Impaired (hearing aid) ____ Orthopedically Impaired (physical limitations)

Please list ALL your child's medications:

Medication

Dose

Frequency

Reason

CONTINUE ON REVERSE SIDE

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 and homeopathic preparations that are not FDA approved will not be administered.

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) Note: This is generally not given before 12:00 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.		
A & D ointment (Skin Protectant)		
Antacids (Generic form of Tums/Roloids)		
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		

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

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