

Chattahoochee County School District

Cusseta, GA 31805



Please return to:
Casi Harris - School RN
Amanda Falkosky, CNA

Nurse Form

School Year _____ Grade Level _____ Enrollment/Start Date _____

Student's Name _____ Date of Birth _____
Last First Middle

Parent's Name _____
Address _____
Phone Numbers _____

Medical Information

	YES*	NO
Does student have Allergies? if yes, list allergies:	_____	_____
My Child will have at school:		
INSULIN*	_____	_____
EPI-PEN*	_____	_____
INHALER*	_____	_____
MEDICATION*	_____	_____

My Child has a history/diagnosed with:	YES*
Seizures*	_____
Fainting Spells*	_____
Heart Problems*	_____
Diabetes*	_____
Kidney Problems*	_____
Concussions*	_____
Any other Medical Diagnosis*	_____

*If **yes** to any of the information above, parents **MUST** sign an "**Authorization to Give Medication at School**" form and **any other corresponding medical forms**, before any medication will be given at school.

The parent/guardian must transport all medication to the School Nurse.

All prescription medication must be in the original prescription bottle.

A parent/ guardian is responsible for notifying RN of any changes with student's medication.

_____ initial

I give the School Nurse/staff member permission to administer Tylenol, Motrin, Anti-acids, Throat Lozenges, or any other Over the Counter medication for minor complaints to my child while at school.

I do hereby release Chattahoochee County School System & School Nurse/staff member from any adverse reaction that might occur as a result of taking these medications.

_____ initial

Parent/Guardian Signature _____

Date _____

This form must be completed by a guardian every school year.