

Medical Information

Name: _____ Date: _____

Medication(s) being taken by student: _____

Are there any health or emotional problems that might help the teachers or nurse better understand your child?

Over The Counter Medications: (checkmark which medications below are okay for your child to have)

- ☐ Tylenol (mild pain or temperature of 100 degrees or less)
- ☐ Ibuprofen (mild pain or temperature of 100 degrees or less)
- ☐ Throat Lozenges
- ☐ Anti-itch cream
- ☐ Tums
- ☐ Triple antibiotic
- ☐ _____ (Must have original container, appropriately label, dosage, and time)
- ☐ _____ (Must have original container, appropriately label, dosage, and time)
- ☐ _____ (Must have original container, appropriately label, dosage, and time)
- ☐ _____ (Must have original container, appropriately label, dosage, and time)

Do you want to be contacted each time your child asks for pain relievers? ☐ Yes ☐ No

Authorization for Release of Health Care Information

I hereby authorize UNIONTOWN USD 235 to release, exchange and obtain immunization and/or health information in his/her/their possession relating to the above named student. Kansas Immunization Registry (immunization information disclosed to the Kansas Immunization Registry will be used for purposes of assessment and reporting to prevent disease.) I affirm that I am authorized to consent to the release of medical information on behalf of the student, I understand this authorization will expire when the student is no longer enrolled in the above named school district and that I may revoke this authorization in writing at any time.

I understand that by signing this it gives USD 235 permission to receive nursing services and administer the above medications that you have check marked or listed. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug or nonprescription drug, to my child, pursuant to parental written request, in accordance with written instructions from the physician or dentist, shall not be liable for damages as a result of an adverse medication reaction suffered by the student because of administering such medication.

Parent Signature: _____