Tremont Elementary School Health Services
Annual Health Update School Year: 2016-2017

Student Name_____Grade_____DOB_____
Primary Residence is with_____
Special Custody Arrangements_____

Best phone number to reach you if your child is sick: _____
Emergency contacts:
Name relationship phone#
1)_____
2)_____
Allergies (food, medication, bees, latex, etc.)_____
treatment for allergy_____
has **epi-pen** at school?_____ date of most recent reaction_____
Medications, supplements or remedies:_____
_____(*Please specify if taken daily, as needed or at school.)*

NOTE: It is parent's responsibility to notify the nurse if student's medications change.

Health concerns: (recent hospitalizations, serious injuries, new or existing diagnosis):_____
_____

MEDICATION PERMISSION

I hereby give permission for my child _____, to be given the indicated over-the-counter medications if deemed necessary for their symptoms by the school nurse. If changes need to be made, or my child is on new medications or has a new allergy, I understand it is my responsibility to notify the school nurse.

____Tylenol (acetaminophen)
____Advil (Ibuprofen)
____TUMS
____ Pepto (over 12 only!)
____Sudafed
____ Anbesol
____Menthol Cough Drop
____Throat Drop
____Benadryl
____Claritin
____1% Hydrocortisone cream

Please note: If your child takes any over the counter medication on a regular basis, we ask that you provide it in the original container with their name on it as our medications are not for daily use.

I am aware that the Tremont School Nurse may not be available every hour of every school day and cannot always provide individual care to all students. **However this student is in need of the medication noted herein in order to maintain his/her optimal health & learning ability. In my opinion this medicine is so important that I request if the school nurse is not available at the appointed time a staff member, trained in drug administration give this medicine.**

Parent signature_____date_____

I give permission for the school to transport to MDI Hospital or MCMH for emergency treatment if unable to reach me or if needed in an emergency (Circle one)
Parent Signature_____Date_____

This form valid for current school year only