



Health Services

Student Name _____ DOB _____ Grade _____
 Primary language spoken at home _____ Other language(s) _____
 Father/Mother _____ Best Contact # _____
 Father/Mother _____ Best Contact # _____
 Guardian (If other than a parent) _____ Best Contact # _____

MEDICAL INFORMATION

Medical Problems (Medical/Psychological Concern, Major Illness, Surgery)

Medication(s) your child takes (name of medication, how often, and what it is for)

Allergies (list allergen and type of reaction) **EpiPen** Yes _____ No _____

Vision Problem (check all that apply) Glasses _____ Contacts _____ Distance _____ Reading _____
Other (please describe)

Hearing Problem (please describe)

Primary Care Doctor (name and phone #)

Other Doctor(s) your child sees regularly (specialty, name, and phone #)

Dentist (name and phone #)

Health Insurance Company Name Public (MassHealth) _____ Private _____

Dental Insurance Company Name Public (MassHealth) _____ Private _____

OVER-THE-COUNTER (OTC) MEDICATION PROTOCOL FOR SCHOOL

The school physician for the district has written a doctor's order for the administration of the medications listed below. If you would like your child to have permission to receive these medications when necessary, please sign where indicated. Permission must be renewed in writing every school year. Consent may be withdrawn at any time by contacting the nurse's office. This protocol covers ONLY the medications listed below.

I give the school nurse permission to administer the following:

Tylenol (acetaminophen) _____ **Benadryl** (diphenhydramine) _____ **Bacitracin** _____
ALL of the above _____ **NONE** of the above _____

I give the School Nurse permission to administer the OTC medication(s) indicated above and to share relevant medical information as he/she determines appropriate for my child's health and safety (including Primary Care Provider, PCP office staff, school staff, child care provider, busing, and food services).

Parent/Guardian Signature _____ **Date** _____

No medication will be given without written consent on file. All medications will be administered at the School Nurse's discretion after assessment. Any concerns related to frequency of use will result in parent notification and request for medical evaluation for continued use.