

Students Height _____ Weight _____ If Not given, Health Nurse will assess.

EMERGENCIES: Does your child have a health problem that could result in an emergency? YES NO

If yes describe: _____

****In the event your child has a severe allergic reaction or goes into anaphylactic shock, Heartland staff will administer epinephrine and call 911. Please sign that you have read and understand this statement.**

Parent signature _____

LIST MEDICATIONS TAKEN BY YOUR CHILD EVERY DAY OR WHEN NEEDED

Medication Name	Reason	Dose	How often taken

If your child needs to take medication at school, please consider the following:

1. The Authorization for Medication Administration form is REQUIRED for all medication(s) taken at school, including non-prescription (over the counter) medications. Students must take all medications at school through the health office unless otherwise arranged individually with the licensed school nurse.

2. The Authorization for Medication Administration form must be signed by both the HEALTH CARE PROVIDER and PARENT. A new consent is needed each school year.

3. Forms are available in the health office

Is there any other information that might be helpful for us to know about your child's health or circumstances at home that could affect him/her at school? YES NO If Yes, Please explain _____

Permission for Release of Information

1. I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and medications my child is taking.
2. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) my child has.
3. I give permission for the physician/licensed prescriber to release information to the above medication(s) and medical condition(s) to the licensed school nurse.

Parent/Guardian Signature

Date

Relationship to Student