

2022-2023 Health Information Form

Student's Name _____

Student's Grade _____

Dispensing of Medications

For the current school year, I give permission for the school nurse OR other trained personnel to dispense over-the-counter medications (Tylenol, Ibuprofen, throat lozenges, antacids, etc.) for minor discomfort as well as medication prescribed by my child's physician. I understand that ALL medication will be given according to label or physician instructions.

Date: _____

Parent/Guardian Signature: _____

Please list ANY food, medication, or insect allergies:

Please list the reaction to the allergy (hives/rash, breathing difficulty, swelling of lips, tongue, throat, etc.):

(If your child has a severe allergy that may cause difficulty breathing you must provide an epi pen and an emergency action plan from their physician.)

Turn Over

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Please list ANY medical conditions your child has been diagnosed with:

Please list ANY medications your child takes on a daily basis:
