

**COFFEEVILLE SCHOOL DISTRICT
HEALTH INFORMATION SHEET
2009-2010**

Please fill out and return to the school nurse.

Student: _____ **Age:** _____ **D.O.B.** _____

Guardian: _____ **Place of employment:** _____

Address: _____ **Work Phone:** _____

Home Phone: _____

Physician: _____ **Additional Contact Number:** _____

Allergies:

(Please list food, medication, insects.... Type of reaction. Example: milk/vomiting penicillin/rash)

HEALTH: _____

Please inform me of any operations, broken bones or childhood disease. I would need to be aware of to give your child the best care.
(Example: Sickle cell, Tumors, and Any other disorders)

Medication Information:

Does the student take medication on a daily/regular basis? Y/N (circle)

Please list-include name of medication, reason for taking dose, time taken and doctor. If your child will need to be given medication during school hours a **Permission To Give Medication at School Form** should be filled out and given to the secretary, school nurse or from the school handbook. This form is for prescribed medications for medical diagnosis (ADHD, ADD, Seizures...etc....) No **medications will be given without this returned form.**

Medications for asthma such as an inhaler and Epi-pens for allergic reactions can be kept on person (student). Student is to see the school nurse to assure knowledge of proper administration and a **Permission to give Medication at School Form** will need to be on file from the guardian.

Permission for school nurse to administer OTC medication:

I give Donna Hill, School Nurse, permission to administer the following over-the-counter medication to the above student in the event of a headache, fever, minor cuts, stomach ache, menstrual cramps, vomiting, diarrhea, sore/red throat, allergic reactions and other minor medical problems: Tylenol, Ibuprofen, TUMS, Anti-biotic Ointment, Benadryl, Cough drops, moisture drops for eyes, Tooth ache gel, Chloraseptic spray, Calamine lotion, and Pepto-Bismol.

Any medication that should not be given to the above student should be lined through and initialed as exempld.... Tylenol.

Parent/Guardian Signature (indicates above permission given): x _____

No medication will be given without this returned, signed form.... No phone permission will be allowed. *
Students that are actively vomiting, have fever of 101, have live head lice, or suspected to have pink eye are considered contagious and must be sent home.

List 2 alternate Emergency contacts in the event a parent/guardian cannot be contacted.

Name: _____ **Relationship:** _____ **Number:** _____ **Alt. #:** _____

Name: _____ **Relationship:** _____ **Number:** _____ **Alt. #:** _____