

ST ROSE SCHOOL STUDENT HEALTH SERVICES
Health History Update/Medication Permission Form

Student Name: _____ Grade: _____ School: _____

Address: _____ Teacher: _____

HEALTH HISTORY UPDATE

Chronic disease assessment: Does this student have any of the following?

ALLERGIES: _____

Anaphylactic reaction: Yes No Carries Epipen: Yes No

Asthma: Mild Moderate Severe Exercise Induced

Medication for asthma: _____

Diabetes: Yes No **Seizure Disorder:** Yes No

Other Medical Conditions: _____

Does your child require daily medication? Yes No

Name of medication: _____ In school: Yes No

DOES YOUR CHILD HAVE HEALTH INSURANCE: YES NO

Health information will be shared with pertinent staff and transportation/bus drivers.

Student's Physician: _____ Phone # _____

MEDICATION PERMISSION UPDATE:

I give permission for Newtown School personnel to administer the following medications to my child:

PLEASE CIRCLE:

TYLENOL: Yes No **IBUPROFEN:** Yes No **TUMS:** Yes No (Grades 5-12)

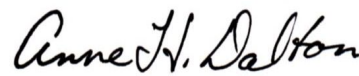
Parent/Guardian Signature: _____ Date: ____/____/____

State and local school board policies allow nurses to administer medications to any school age child pursuant to written authorization of a parent/guardian and standing orders from the school district medical advisor. The Newtown school system will allow the above medications to be administered during school hours only, NOT ON FIELD TRIPS, provided this form is completed. Please contact your child's school nurse with any questions. If your child requires any prescription or other over the counter medication, please see the nurse for appropriate form.

Thank you for your cooperation,



Ana Paula Machado, MD
Newtown School's Medical Advisor



Anne Dalton, RN, BSN
District Nursing Supervisor