

NURSE HEALTH UPDATE

2019-2020

Student's Name _____ Grade: _____ Date of Birth: _____

Address: _____

Legal Guardian Name/Numbers: _____

AR Kids/Medicaid # (if Applicable): _____

If I am unable to reach you at home or work, who may we contact if your child becomes ill or injured and needs to be picked up? Please write the name, relationship to child and phone number.

(1) _____

(2) _____

Name and Grade of any siblings that attend Westside _____

Student's Doctor _____ Phone # _____

Please **circle** anything that applies to or child:

Glasses/contacts hearing aids diabetes high blood pressure

ADHD---takes meds at school? YES/NO Seizure disorder—rescue medications prescribed?
YES/NO

Food/Insect allergies—carries epipen? YES/NO Asthma—carries inhaler at school?
YES/NO

Heart condition---details _____

Other _____

**School policy states that no student shall carry prescription or over the counter medication on them while at school or on the bus. The following over the counter medication are available to be given at the nurse's discretion during school hours.

Children's Tylenol

Children's Ibuprofen

Children's Benadryl

Antacids

I certify that at least one dose of the medication has previously been given with no adverse reactions. The school nurse has my permission to administer these medications to my child while at school.

Parent Signature _____ Date: _____