## NORWALK-ONTARIO-WILTON SCHOOL DISTRICT STUDENT HEALTH INFORMATION

Information on this form is to be filled out (updated) for each new school year. Please complete both sides of this form and return to your school nurse as soon as possible. Birth date: \_\_\_\_\_Sex: M/F Grade \_\_\_\_\_ M.I (circle) Name: Last First HEALTH CONDITIONS CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS OR HAS HAD: □ ADD/ADHD □Blood Disorder □ Depression/ ☐ Heart Problems □ Serious Injury Anxiety □ Allergies (seasonal) mild/moderate □Bowel/Bladder □Dental □ Orthopedic/Bone □ Vision Concerns CIRCLE ONE Wears glasses Y/N □ Allergies (food, latex, insects, drugs) □ Social/Emotional □ Speech Concerns □ Cancer □Hearing CIRCLE Behavioral ☐ Asthma mild/moderate □ Diabetes Type I/II ☐ Special Needs □ Bleeding problem □Seizures CIRCLE ONE □Migraines □ Cerebral Palsy ☐ Head Injury/ □ Other Concussion If you have checked any of these conditions, please explain: If your child has **ASTHMA**, does he/she need to have/carry an inhaler at school? **YES/NO** (circle one) If YES, you must fill out a Medication Administration Form and Asthma Action Plan. It is helpful to have the inhaler itself labeled for student identification if it is lost. Ask your pharmacist to do this. If your child has **SEVERE ALLERGIES**, does your child have an Epi-Pen **YES/NO** (circle one) If YES, you must provide a Medication Administration Form and Emergency Medication, as well as an Action Plan. If YES, what is your child allergic to? List emergency medications: If your child has **DIETARY RESTRICTIONS**, parent must provide dietary order from physician (if not already on file). If your child has any other health concerns (such as migraines, seizures or diabetes) that require special instructions, please speak with the nurse to discuss action plans. □ My child does NOT have any known health concerns. **MEDICATIONS** List any medications taken by student: Medication taken: \_\_\_\_\_ For: \_\_\_\_ □ At Home □ At School 

Students requiring medications during the school day (herbal, over the counter, or prescription) must have a written provider order and written parental consent. The medication is to be turned into the nurse and a *Medication Administration Form* is to be filled out (available at your doctor's office, the school, or at school nurse tab on school website).

It is the responsibility of the parent/guardian to notify the school nurse of any changes in the student's health status during the school year.

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## **PERMISSION TO GIVE MEDICATION AT SCHOOL:**

Parent/Guardian Signature

Occasionally, a student may request medicine from the nurse for a minor symptom. Some options are available. Please check all/ any that may be administered to your child while at school. Notification is sent home to parents with elementary students in the case that medication is given. If your middle/high school child is taking medication frequently, a call will be made home to notify □Tylenol □Ibuprofen □Benadryl □Essential Oils (Peppermint, Lavender or Tea tree) Any other instructions or helpful information? I give permission for my child to receive the above medication during this school year as directed. Parent/Guardian Signature **Date CONTACT INFORMATION:** Please provide correct and current contact numbers, and update with School/Nurse if needed. Name of Health Care Provider: Name of Dentist: Phone: 1. Parent/Guardian 2. Parent/Guardian Names: Home phone: Cell phone: Work phone: Email: Additional Information: If emergency treatment is required and the parents can not be reached immediately, may the school authorities use their own judgment in treating the student?  $\Box$  Yes  $\Box$  No If not, what do the parents want done? My signature gives permission to share this health information with school staff and district transportation providers working with my child. This information will be used if necessary for safety at school, on field trips and other school activities.

Relationship

Date