
Does your child currently have Asthma? Yes No If yes, list frequency of asthma attacks, date of last attack and meds taken: _____

Does your child currently have Allergies? Yes No If your child has a strong allergic reaction to any substance, you are encourage to bring in a completed "Authorization to Administer Medication in Program" form for oral Benadryl and/or an injectable Epi-pen, Epi-pen Jr. These will be kept locked in the Health Center.

Food/Medication Allergies: _____ Treatment: _____
Reaction/Reaction Time: _____

Contact Allergies (bug bites, airborne vapors, dust, pollen, lotions, latex, etc.): _____
Treatment: _____ Reaction/Reaction Time: _____

All students receive milk as part of the program dietary program. If your child may not drink milk, state law requires a note from your child's health care provider.

My child may drink milk provided by the program. Yes No

Has your child been diagnosed or treated for a vision, speech, or hearing impairment? Yes No

Does your child wear glasses/contacts or hearing aids: Yes No Explain: _____

Has your child been diagnosed or treated for behavioral, developmental, or learning disabilities? Yes No

If yes, please explain: _____

Does your child require assistance as defined by the Americans with Disabilities Act? Yes No

If yes, please explain: _____

Medication Policy:

All routine, regularly scheduled or as needed medications and treatments administered in the program setting must be authorized in advance by a licensed health care provider. This includes nebulizer or inhaler treatments for asthma, medications, ointments, or dressing changes to the skin and all over the counter medication (OTC's) such as Tylenol, Motrin, Cough Medicine, and Cough Drops. A note from the parent/guardian does not authorize the program nurse or nurse designee to provide these treatments. Before the nurse can administer any medications or treatments the "Authorization to Administer Medication in Program" form must be completed by the parent/guardian and the student's health care provider. This form must be given to the nurse and filed in the Health Center. The parent/guardian must provide to the Health Center the prescribed medication stored in the original container with an appropriate pharmacy label on each bottle. All labels must include the student's name, dose, route and time of administration of the medication.

No student is permitted to carry any medication in his/her pocket or backpack unless special permission is granted. All medication will be kept secure in a locked cabinet in the Health Center and dispensed by the Program Nurse or designee.

I/We have read and will abide by the program's medication policy.

Parent/Guardian Signature

Date