

WESTON PUBLIC SCHOOLS

ANNUAL HEALTH UPDATE 2015-2016 NON-PRESCRIPTION MEDICATION FORM

This form must be completed and returned to the school nurse at the start of each school year. Please call the school nurse if you wish to discuss any further health issues regarding your child.

Student Name _____ Grade _____ DOB _____

Student Address _____ Home Phone _____

Parent/Guardian (#1) _____ (#2) _____

We would like to update your child's health history. Please complete the following:

Yes ___ No ___ My child has allergies (food, insect, medication, etc.)

Please list allergies: _____

Yes ___ No ___ I will provide an Epi-pen for allergic reactions and a medication authorization form signed by a physician.

Yes ___ No ___ My child has asthma and I will provide an inhaler and a medication authorization form signed by a physician.

Yes ___ No ___ My child has the following chronic medical condition(s):

Yes ___ No ___ My child takes the following medication(s) daily, or as needed:

Below is a list of the medications that have been authorized by the WPS medical advisor for administration by the school nurse with **parent/guardian signature**.

I give the school nurse my permission to administer the following medication(s) to my child during school hours.

Acetaminophen (generic Tylenol) Yes ___ No ___

Ibuprofen (generic Advil/Motrin) Yes ___ No ___ (*Grades 6-12 ONLY*)

Cepacol (spray or lozenge) Yes ___ No ___

Parent/Guardian day phone: _____

Parent/Guardian day phone: _____

Physician's Name: _____

Phone number: _____

Emergency Contact: _____

Phone number: _____

Parent/Guardian Signature

Date