

Name of Student: _____

MEDICATION AND HEALTH INFORMATION

The school health office can supply a limited number of over the counter medications for your child's comfort during school hours. These medications may be used to enable your child to complete the school day and are not a substitute for medical care. ***If your child is vomiting, has an elevated temperature of 100° or more, and is coughing or is generally unwell, please do not send them to school. Contact your doctor for evaluation and treatment of your child's condition. Sick children are unable to concentrate on their studies and expose other children and teachers to their illness.***

Please check off what may be given to your child while at school

- Fever over 100°, headache, pain, and menstrual cramps**
 - May give acetaminophen (Tylenol) every 4 hours as needed.
 - Children's dose based on weight.
- Sore throat or cough**
 - May give cough drops or cough suppressant according to label directions.
- Mild abdominal discomfort**
 - May give Tums according to label directions.
- Mild itching due to rash or insect bites**
 - May apply Calamine lotion according to label directions.
- Minor cuts or Abrasions**
 - May apply Bacitracin/Neosporin ointment according to label directions.
- Cold Sore/Dry or Chapped Lips**
 - May use Blistex ointment according to label directions.
- Eye irritation, burning, itching, and discomfort**
 - May use eye wash or eye drops as needed according to label directions.

Medical History

	Yes	No	If yes, please explain:
Allergies to Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies to foods (If YES, need another form for Kitchen)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications used at School or home	<input type="checkbox"/>	<input type="checkbox"/>	Please List: _____

*All medications must be in original Rx Bottle.

Other: _____

Parent/Guardian Signature: _____ Date: _____