

Elko County School District Annual Student Health Update

Student Name: _____ Date: _____

Grade: _____ Sex: _____ Date of Birth: _____ Bus my child rides: _____

MEDICATIONS

State law requires a written order from a healthcare provider and parent consent before any medication (prescription or over-the counter) can be given at school. A form is available from the nurse. All medication must be stored in the school health office.

Students are permitted to hand-carry prescribed emergency medications, such as an inhaler, an Epi-pen or diabetic supplies when the required forms are completed by the student's health care provider and parent/guardian. Such forms are available from the nurse.

Medication needed at school:

Medication needed at home:

CONSENT FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS

ECSD Nurses can administer Acetaminophen (Tylenol) and Ibuprofen (Advil) for minor illness. Before giving your student any medications, the nurse checks your student's medical history for conditions, allergies and any other medications your student is taking to make sure there is no conflict. You will always be notified immediately of any serious illness or injury. Please notify the School Nurse if your child receives any medication before arriving at school.

Standing Orders for Over-The-Counter Medications

	Age	Dosage
Acetaminophen	5-11 Years Old	325 mg (one tablet) orally, every 4-6 hours as needed.
	12+ Years Old	325 mg (one – two tablets) orally every 4-6 hours as needed.
Ibuprofen	<12 years and weight is >44 lbs	200 mg (one tablet) orally every 4-6 hours as needed
	12+ Years Old	200 mg (one – two tablets) orally every 4-6 hours as needed.

Medication cannot be given without written parent consent

Please Check Only ONE:

- I give ECSD nurses permission to administer the above medications in the doses specified.
- OR**
- I give ECSD nurses permission to administer these medications to my child, but only if I am contacted first.
- OR**
- I do NOT give permission for any of the above over-the-counter medications to be given to my child.

Parent/Guardian Signature

Date

*The following medications are also provided in the nurses' office with authorization from a local healthcare provider to be used for injuries/symptoms that occur during the school day: Sterile saline eyewash, cough/throat lozenge, and salt-water gargle. These over-the-counter medications will be administered at the discretion of the School Nurse.

MEDICAL EMERGENCIES / DISCLOSURE OF HEALTH INFORMATION

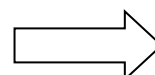
In the case of a medical emergency school personnel will make every attempt to contact the parents. Student health information will be shared with emergency personnel.

Student health information will be shared with school staff only if the information is necessary to meet the student's health, safety and/or education needs.

SCHOOL HEALTH SCREENINGS

Vision, hearing, dental and scoliosis screenings as well as height and weight measurements are provided to students in various grades. Parents must provide a written statement to the nurse annually to excuse their child from health screenings.

Please Complete Page 2



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*Parents/guardians are responsible to notify the school if there is a new or existing health condition.
This helps ensure your child receives safe and appropriate care at school.*

YES	NO	HEALTH CONDITIONS
<input type="checkbox"/>	<input type="checkbox"/>	Has your child been recently treated for an injury or illness? (describe):
<input type="checkbox"/>	<input type="checkbox"/>	ADD <input type="checkbox"/> ADHD
<input type="checkbox"/>	<input type="checkbox"/>	Allergies: <input type="checkbox"/> Foods (Please list) _____ <input type="checkbox"/> Bee <input type="checkbox"/> Drug Allergies (Please List): _____ <input type="checkbox"/> Other (please list) _____ Please describe reaction: _____ Does your child have an Epi-Pen prescribed for allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i> <input type="checkbox"/> School will be provided with Epi-Pen <input type="checkbox"/> Epi-pen will be carried by student <i>All students with Life Threatening Allergies need an <u>Allergy Management Plan</u> completed by the healthcare provider and parent/guardian. Please request the form from your School Nurse.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Asthma: Check the box that best describes your child: <input type="checkbox"/> Uses inhaler 2 days or less per week <input type="checkbox"/> Uses inhaler more than 2 days per week, but not daily <input type="checkbox"/> Uses inhaler daily <input type="checkbox"/> Uses inhaler several times a day <input type="checkbox"/> School will be provided with inhaler <input type="checkbox"/> Student will carry an inhaler <input type="checkbox"/> No inhaler needed at school <i>Please check one above.</i> <i>All students with inhalers need an <u>Asthma Management Plan</u> completed by the healthcare provider and parent/guardian. Please request the form from your School Nurse.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <i>All students with diabetes need a <u>Diabetes Management Plan</u> completed by the healthcare provider and parent. Please request the form from your School Nurse.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment or Complete Loss (describe)
<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition (describe):
<input type="checkbox"/>	<input type="checkbox"/>	Muscle/Bone/Joint Problems (describe):
<input type="checkbox"/>	<input type="checkbox"/>	Migraines (diagnosed by healthcare provider)
<input type="checkbox"/>	<input type="checkbox"/>	Neurological Disorder (describe):
<input type="checkbox"/>	<input type="checkbox"/>	Psychological/Emotional/Behavioral Issues (describe):
<input type="checkbox"/>	<input type="checkbox"/>	Seizure disorder (describe): How often do seizures occur? When was last seizure?
<input type="checkbox"/>	<input type="checkbox"/>	Other health problem that may affect the child at school (describe):

Please notify the school of any changes in your child’s health during the school year.