Student Health Form
CONFIDENTIAL

Please read this form carefully, complete and return to your child's school as soon as possible. The information you provide will assist the school in contacting you regarding any health issues of your child. Also, you may give your consent for your child to be administered certain over-the-counter medications at school.

Student_____ DOB_____Grade_____

Parent Name_____ Home Number_____
Work Number_____ Cell Number_____
Medical Conditions_____
Special Considerations_____
☐ **No known allergies** **Allergies**(Food or Drug) _____
Health Insurance: ☐ Family ☐ TN Care ☐ Uninsured
Daily Medications (Prescription/Nonprescription) _____
Emergency Contacts Name/Number (1) _____ (3) _____
(Other than parent) (2)_____ (4) _____

☐ An IHP (Individual Health Plan) is needed for my child's medical condition

Over-the-Counter Medication Guidelines (see list below)

- Students will not receive more than 30 doses of medications in a school year.
- Students will not receive a medication more than 4 days in a row.
- Students will not receive medication to relieve a fever greater than 100 degrees.
- Medication dose will be based on age and weight of student.
- Other medications (prescription or those not listed below) to be taken by student during school hours must be brought from home by a parent/guardian in the original container and a separate medication form for each medication completed and signed by a parent/guardian.

***Initial next to the following medications that your child may receive as needed. Please note that prior to medication administration, verbal consent must be obtained from a parent or guardian. ***

INITIAL	MEDICATION	SYMPTOMS
	Tylenol	Mild to moderate aches/pains/headache
	Ibuprofen	Mild to moderate aches/pains/headache
	Benadryl [ages six (6) an up]	Allergic reactions/nasal congestion/allergies
	Claritin/Loratadine	Nasal Congestion/ sinus pressure/allergies
	Tums/antacid	Upset stomach
	Calamine Lotion	Contact dermatitis
	Cough drops	Cough/throat irritation
	Neosporin/Triple Antibiotic Ointment	Mild cut or abrasion
	Sting Ease for Bee Stings or bug bites	Relief of pain or itch from bee stings/bug bites
	Anbesol Ointment/Orajel	Mouth ulcers/mild toothache

Over-the-Counter Medication Permission:

By signing below, I give my permission for BTCS personnel to assist in the self-administration of the medications I have initialed. I am aware of the side effects of the medications. Neither the school nor any of its personnel will be responsible for any adverse side effects. I also give permission for this information to be shared with school staff on a need to know basis.

_____ _____
Parent/Guardian Signature & Date School Nurse & Date

Please note: In the event of serious illness or injury, your child will be administered treatment (as deemed necessary by school staff) and/or transported by emergency personnel to the nearest healthcare facility at cost assumed by the parent.