

**Kensington Elementary School  
ANNUAL HEALTH INFO UPDATE 2015-2016**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

*Please complete the following and attach copy of doctor signed medication orders, Health Care Plans, physical paperwork or any other information needed for health concerns during the school day:*

**List all known allergies and type of reaction describing allergen (drug, food, bee sting, other.)**

**Does allergy require epinephrine? If so, please file allergy action plan with signed physician orders and provide two doses of epinephrine to be kept for your child in case of emergency during the school day on or before the first day your child will be attending school.**

**Is student currently under medical care or had in the past, any of the following conditions or other health condition the nurse should be aware of? (Circle all that apply)**

ADHD/ADD	Heart condition	Hearing loss	Head Injury/Concussion
Anemia	Hepatitis	Headaches	Vision Loss/Correction
Arthritis	Hernia	Diabetes	Speech
Asthma	Lung disease	Seizures	Bleeding/Clotting disorder
Back/neck injury	Mononucleosis	Cancer/Leukemia	Psychological
Bladder/Kidney disease	Orthopedic/bone	Toileting	Nosebleeds
Other:			

**Please give details and dates for any above conditions as needed:**

**Has the student ever had surgery? List date & diagnosis.**

*Please complete reverse side of form.*

**Please list names of all medications student is taking on a regular basis and state if they will need to be given during the school day: *\*All medication during school day requires written physician order and parental permission to be filed with nurse's office. Please obtain the forms on school website under Health Services or obtain them from the main office or nurse.***

**Please describe any modifications or restrictions that are necessary to accommodate your child's health and safety or any other information about your child you would like to share to encourage an optimal learning experience:**

Kensington Elementary is staffed with a full-time nursing professional, dedicated to provide every student with school based health care services to encourage optimal health promoting the best educational opportunity possible. This includes working with parents to control both existing health conditions and emergency care for students as needed. At times, the school nurse may need to administer medications to your child if they are experiencing a medical problem. These medications are given under the direction of a medical doctor appointed by the school district and specific orders are followed to ensure safety. It is policy to call and discuss medication administration with parents whenever possible to devise a plan that the parent is in agreement with and informed of. Below are the standard care items that are approved by the district and may be given with parent permission. Please review and sign below:

**The school nurse *has my permission* to administer any of the following (or equivalent/generic) medications to my child as needed. *\*Please cross out and write initials next to any item you **DO NOT** want given to your child.***

Acetaminophen (Tylenol)	Zyrtec	Triple Antibiotic Ointment	Burn Cream/Gel
Ibuprofen (Motrin, Advil)	Caladryl	Basic Antacid (Tums)	Cough drops
Vaseline	Bacitracin	Cold/Heat Application	Hydrocortisone Cream
Insect Sting Kill Swabs	Benadryl	Epi-Pen ( <i>used only for emergency systemic allergic reaction treatment</i> )	

We, the parents, authorize the school nurse or any other member of the staff designated by the building principal to assist\* our child in taking the above medication if needed. I, parent or guardian, agrees by signing this request form to the HOLD HARMLES Statement as follows: I agree that I will not hold liable any member of the school staff who is directed by me to assist my child in taking the above stated medication.\*Assist means having the required medication available to the child as needed and observing the student as he/she takes the medication. For the health and safety of my child, the school nurse may share pertinent medical information about my child with the appropriate school personnel on a need-to-know basis.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

***Please make sure to attach up-to-date physical, immunization record, and medication at school orders from your doctor.***

I encourage and welcome parents to call or stop in to discuss any concerns related to their child's health or safety any time. It is our goal to focus on health and wellness for all children to have the best learning outcome and we thank you for your help!

Angela Carrier, RN