

LAES Extended Day Student Health Form

In order for your child to be evaluated by the school nurse/employee, should she/he become ill or experience some other type of health concern, your permission is required. By signing below, you have given the school permission to assist your child medically. EXTENDED DAY: ALL PRESCRIPTION MEDICATIONS MUST BE GIVEN BY PARENTS UNLESS NURSE HAS GIVEN PRIOR AUTHORIZATION. PERSONAL EPI-PENS WILL BE STORED IN A LOCK BOX ALONG WITH ASTHMA TREATMENTS.

Student's name:

DOB:

Teacher

Parent/guardian Signature:

Date:

I give the school nurse/employee permission to administer:

Acetaminophen (Tylenol)	Yes ___ No ___
Triple Antibiotic Ointment (Neosporin)	Yes ___ No ___
Hydrocortisone cream	Yes ___ No ___
Benadryl (for allergic reactions only)	Yes ___ No ___
Peroxide	Yes ___ No ___

Physician's name:

Phone:

PLEASE LIST ALL MEDICATIONS THE CHILD TAKES (home and school)

<u>Name of Drug</u>	<u>Dosage</u>	<u>Times taken</u>	<u>Purpose</u>
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Medication Allergies

Other Allergies

Existing Medical Conditions

(Example: diabetes, seizure disorder, depression)

PERSONS TO CALL IF THE STUDENT IS SICK OR INJURED:

<u>(Name)</u>	<u>(W«[®])</u>	<u>(Cell phone)</u>
Mother		
Father		
Guardian		

EMERGENCY NUMBERS IF PARENTS CANNOT BE REACHED:

Name	Phone	Relationship
Name	Phone	Relationship