

Return to School Nurse

STUDENT HEALTH INFORMATION

COMPLETE ALL BOXES THAT APPLY. Parent/Legal Guardian is responsible for providing the school any medication, special food or equipment that the student requires at school. Contact the School Nurse to obtain medication and procedure forms.

Student Name: _____ Date of Birth: _____ Grade: _____

☐ Private Insurance Health Card #: _____ Health Carrier (company): _____ Carrier Phone: _____
☐ Medicaid Insurance Medicaid #: _____ MC+ Provider: _____ Provider Phone: _____

Name of Doctor: _____ Phone: _____ School: _____

SECTION I: ALLERGIES ☐ YES (IF YES, COMPLETE THIS SECTION) ☐ NO

Allergy Type: ☐ Drug Allergy (List): _____
☐ Food (List): _____
☐ Bee Sting/insect _____
☐ Others (List): _____

Describe Reactions: ☐ Coughing ☐ Hives ☐ Rash ☐ Difficulty Breathing ☐ Generalized Swelling ☐ Nausea ☐ Wheezing ☐ Local Swelling
☐ Other _____

Prescribed treatments to be used IN SCHOOL:
☐ Oral Antihistamine (Benadryl, etc.) ☐ EpiPen ☐ Other _____

SECTION II: ASTHMA ☐ YES (IF YES, COMPLETE THIS SECTION) ☐ NO

Triggers: ☐ Exercise ☐ Environmental ☐ Other (list) _____

Physical Education Restrictions: ☐ None ☐ Self Limits ☐ Other (list on separate sheet)

Symptoms or Reactions:
☐ Chest Tightness/Discomfort/Pain ☐ Difficulty Breathing ☐ Throat Itch, Tightness or Soreness ☐ Coughing ☐ Hoarseness ☐ Wheezing
☐ Other (list) _____

Currently prescribed treatments to be used IN SCHOOL:
☐ Inhalers ☐ Oral Antihistamines ☐ Oral Steroids
☐ Nebulization ☐ Oral Bronchodilator ☐ Peak Flow Monitoring
 Date of last hospitalization for asthma _____ High School/Middle School Only: Asthma Form to carry inhaler given _____ Form returned _____

SECTION III: DIABETES ☐ YES (IF YES, COMPLETE THIS SECTION) ☐ NO

Currently prescribed treatments to be used IN SCHOOL:
☐ Insulin ☐ Syringe ☐ Pen ☐ Pump ☐ Blood Sugar Testing ☐ Glucagon ☐ Oral Medication(s)
 List Medication(s) _____

SECTION IV: SEIZURE DISORDERS ☐ YES (IF YES, COMPLETE THIS SECTION) ☐ NO

☐ Absence (staring/unresponsive) ☐ Complex Partial ☐ Generalized Tonic-Clonic (Grand mal/Convulsive) ☐ Other (explain on separate sheet)
 Physical Education Restrictions: ☐ YES (List Restrictions) _____ ☐ NO
 Medications needed IN SCHOOL: ☐ YES (List Instructions) _____ ☐ NO
 Date of last seizure _____ Type & Length of seizure _____

SECTION V: CHICKENPOX (VARICELLA) HISTORY

Has your student had chicken pox? YES ☐ NO ☐ If yes, give date (month/year) _____ / _____ (1st thru 12th grades)
Incoming kindergartners must have two doses of Varicella (chickenpox) vaccine or provide a written statement from a licensed physician stating the month and year of the disease.

SECTION VI: CONDITIONS ☐ YES (IF YES, COMPLETE THIS SECTION) ☐ NO

☐ ADD/ADHD ☐ AIDS/HIV ☐ Bladder/Bowel Problem ☐ Cancer ☐ Emotional Problems ☐ Heart Condition ☐ Scoliosis
☐ Physical Disability ☐ Other _____

Physical Education Restrictions: ☐ NO ☐ YES (Explain) _____

SECTION VII: PRESCRIBED MEDICATIONS ☐ YES (If YES, COMPLETE THIS SECTION) ☐ NO

Medication: _____ Given during the school day? ☐ YES (List Instructions) _____ ☐ NO
 Medication: _____ Given during the school day? ☐ YES (List Instructions) _____ ☐ NO
 Medication: _____ Given during the school day? ☐ YES (List Instructions) _____ ☐ NO

Medications to be administered at school must be delivered and signed in by a parent/legal guardian or designated adult: _____

Special procedures (e.g.: catheterization, cardiac monitor, etc.) required IN SCHOOL: ☐ YES ☐ NO (If YES explain) _____

List all hospitalizations, surgeries or other health conditions: _____

VI: VISION CONDITIONS YES ☐ (If YES, complete) NO ☐ **VIII: HEARING CONDITIONS** YES ☐ (If YES, complete) NO ☐

☐ Contacts ☐ Glasses ☐ Other _____ ☐ Hearing Aid(s) ☐ Other _____

Does your student need special seating in class? Yes ☐ No ☐ Does your student need special seating in class? Yes ☐ No ☐

In case of illness or accident, where can parents be reached?
 Name _____ Place of Employment _____ Phone Number _____

Father _____

Mother _____

Please list three neighbors or relatives who live nearby who will assume temporary care of your child if you can not be reached: (Please do not list people who live in St. Louis)

1. Name _____ Relation to child _____ Phone # _____
2. Name _____ Relation to child _____ Phone # _____
3. Name _____ Relation to child _____ Phone # _____

PLEASE READ THIS CAREFULLY BEFORE SIGNING

In case of accident or serious illness of my child, I request the school to contact me. If the school is unable to reach me, I hereby, authorize the school to call the local doctor indicated above and follow his/her instructions. If the school is unable to contact the doctor, the school may make whatever arrangements seem necessary for the safety and well being of my child. It is understood that if my child has a life-threatening condition at school, the school will make transportation arrangements for my child by ambulance to the hospital specified above (Meadow Heights School is not responsible for ambulance charge). An attempt will be made to reach the parent or legal guardian. Treatment usually cannot be given to a minor child without the parent or legal guardian's consent. I give my permission for my child to receive emergency treatment considered necessary by the attending doctor. If your child has a health problem it will be shared with the appropriate staff member at Meadow Heights School.

Signed: _____ Date: _____
 (Parent/Guardian must sign for treatment to be given to a minor child)

Acetaminophen Standing Order and Protocol

Acetaminophen will be given only after the school nurse has seen and assessed the student. Acetaminophen will be administered if/for minor headache, minor pain relief, or parent request. Only a single dose will be given at school. If the student would require a second dose, they would be sent home. It will not be given for elevated temperature. If a child's temperature is above 99.9, they will be sent home. The dosage is 325 mg for a child 5-10 years of age, and 325-650 mg for a child 11 years to adult. The school will notify parents, in advance when possible, that medication is to be given so parents are aware of their child complaint.

Antibiotic Ointment Standing Order and Protocol

Antibiotic ointment will be applied to the student by the school nurse or someone appointed by her. Students will be assessed by the nurse prior to application of ointment. It will be administered for minor abrasions, cuts or minor wounds. Only a single dose will be given.

I hereby give my permission for my child to receive acetaminophen and antibiotic ointment according to the standing orders and protocols of Meadow Heights School District

Student's Name _____ Grade _____

Parent/Guardian Signature _____

Date _____

(If you do not wish your child to receive one or both of the above please specify) Please return to Patti Kamp, School Nurse

Medications

All medications will be administered by the school nurse or someone appointed by her. Medication will not be given to students without consent from the parent and an order from a physician. If the medication is a prescription, the label off of the prescription bottle can serve as the doctor's order. Medication needs to be in bottle obtained from pharmacy before it will be administered at school, with updated order on bottle. The pharmacy can give you two containers, one for school and one for home. If the medication is taken daily at school, an order and signature from physician and permission from guardian/parent needs to be kept in students file. I do have pre-written forms for that you can use. If the medication is something that you buy over the counter, it requires a written prescription from the doctor and written permission from parent/guardian. At the beginning of each school year, a new prescription would be required.

All medication will be kept in the nurse's office, in a locked cabinet. Students are not to self-administer an medication. The only exception to this is children who have asthma and must carry their inhalers with them at all times. These children must have a copy of the inhalers prescription label of file with the nurse.

We have obtained standing orders from a physician for the administration of acetaminophen (tylenol) and antibiotic ointment. If you wish your child to be able to receive these, we must have your permission on file. I have forms that require only your signature. These are for the current school year and must be resigned yearly.

Acetaminophen will be given for a minor headache; minor pain relief, or per parent request. Only a single dose will be given at school. If the child would require a second dose, they would be sent home. Acetaminophen will not be given for an elevated temperature above 99.9, they will be sent home. The amount of acetaminophen to be given is 325 mg. for children 5-10 years of age, and 325-650 mg for children 11 years to adult.

Antibiotic ointment will be used only for minor abrasions, cuts or minor wounds. Only a single dose will be given.

Diagnosis or treatment beyond first-aid procedures is not the responsibility of the school. The school district retains the right to reject requests for administering medication. The parent/guardian of the student must assume responsibility for informing school personnel of any change in the student's health or change in medication.

Any question please call, 866-2611.

Patti Kamp RN
School Nurse