



Student Medical Information

Please send back to the School Nurse

Child's Name: _____ DOB: _____ Grade: _____ Phone # _____

Check if your child has a history of the following:

- _____ ADD/ADHD: Medication at school? _____ Yes _____ No
_____ Anxiety: Medication at school? _____ Yes _____ No
_____ Asthma: Inhaler at school? _____ Yes _____ No
_____ Diabetes: Insulin injections at school? _____ Yes _____ No Insulin pump? _____ Yes _____ No
_____ Headaches/Migraines: Medication at school? _____ Yes _____ No
_____ Heart disease: Medication at school? _____ Yes _____ No
_____ Seizures: Emergency/daily medication at school? _____ Yes _____ No
_____ Stomach/digestive disorder: Medication at school? _____ Yes _____ No
_____ Other: Please explain: _____

Check if your child has a history of the following allergies:

- _____ Food Allergies (specify food and reaction): _____
_____ Medication Allergies: (specify med and reaction): _____
_____ Other Allergies: (specify type and reaction): _____

Emergency medication at school for allergies (EpiPen/Auvi-Q)? _____ Yes _____ No

Medications: If your child will be taking any medications at school contact the school nurse (Kristi Perry: 859-261-4355 x 715). All prescription medications will need to have a physician's order AND consent signed by parent/guardian. They need to be in the most recent prescription bottle without any alterations to the label. If you need another container for home you can ask the pharmacy to give you two labeled bottles. Over the counter medications provided by the parent/guardian may be given with signed consent for 3 consecutive days but will need a physician's order if they need to be given for a longer period of time.

Safety is our priority-please do not send medication to school with your child. It must be brought into school by an adult and counted/signed in by the nurse. We are not allowed to break pills in half so doses will need to be cut in half if needed prior to bringing into school. Any unused medication will need to be picked up at the end of the year, otherwise we will need to destroy/dispose of it as required by policy.

Medical conditions: If your child has any medical conditions (Seizures, asthma, diabetes, G-tube, etc) we will need an action plan filled out/signed by your physician in order to carry out any specific health services or medication orders. Please contact the school nurse (Kristi Perry: 859-261-4355 x 715) to obtain this paperwork and further instructions.

Parent/Guardian signature: _____ Date: _____