



ST. MARY'S SCHOOL HEALTH PROGRAM

Managed by the St. Alphonsus School Health Program

Date: ___/___/_____

Student Name: _____ Grade: _____ DOB: ___/___/___
Parent Name: _____ Phone: _____
Health Care Provider: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Insurance: BS Other _____ Uninsured Insurance Numbers _____

Health History or Health Concern (Please list any concerns that may affect your student during the school day (i.e. diabetes, seizures, ADD/ADHD, allergies, asthma, migraines, other conditions))

No significant history _____

Medication Policy

Ideally, all medications should be given at home. However, there are situations where students may need medication during the day while attending school. It is important that this be done safely. This includes prescription as well as non-prescription medications.

- The school health nurse authorizes all medications administered at school. School personnel do not administer over the counter medication that has not been authorized.
- Students requiring medication at school will be identified to the school health nurse by the parent, or student him/herself
- Authorization forms are completed and signed by parent, school health nurse and student each school year.
- Unlicensed assistive personnel (e.g. school secretaries) may administer medication under the direction of the school health nurse, following appropriate training and instruction.
- Medications, including over the counter, will NOT be kept in lockers, desks etc
- Medications sent to school need to be in the original, current, properly labeled container.
- The school health nurse may contact the health care provider regarding medications or related health conditions.
- Under certain circumstances, students will be allowed to self-administer medications, but only with authorization by the school nurse.
- Students who need to carry an asthma inhaler will be identified to the school health nurse, and an "Agreement to Carry Inhaler" will be signed.

Authorization to give Acetaminophen (Tylenol) or Ibuprofen (Advil). Please check one box below.

I give permission for the school nurse/authorized personnel, to give my child Acetaminophen Ibuprofen
 No preference NONE, at an age-appropriate dose, at school, on an as-needed basis, for minor aches and pains.

Parent initial _____ Date ___/___/_____

Medication/Dosage/Frequency _____

Check all that apply: ___ Prescription ___ Non Prescription Medication given: ___ at home ___ at school

Diagnosis/Reason for medication _____

Special Instructions/Side effects _____

Has student taken this medication before? ___ Yes ___ No

I have read and understand the medication policy and authorize the above named medication(s) to be administered to my child. I understand that medication authorizations must be renewed each year.

Parent signature _____ Date: ___/___/_____

**DO NOT COMPLETE
BACKSIDE—OFFICE
USE ONLY**

