

ANNUAL MANDATORY MEDICAL/HEALTH INFORMATION FORM

Student Name _____ Grade _____ School year: 2008-09 School: Frankton JSHS

Allergies? YES NO - Reaction/Treatment _____

Asthma? YES NO - Reaction/Treatment _____

Bee Sting Sensitivity? YES NO - Reaction/treatment _____

Health conditions: _____ Doctor: _____

List regularly prescribed treatments / medications _____

PERMISSION FOR NON-PRESCRIPTION MEDICATION

My child may receive the medication(s) checked below:

<input type="checkbox"/> Tylenol tab/liquid/chewable	* as directed on label	every 4 hours
<input type="checkbox"/> Ibuprofen tab/liquid	* as directed on label	every 6 hours
<input type="checkbox"/> Benadryl tab/liquid	*as directed on label	every 4 to 6 hours

The following medication /treatments may be given to your child as indicated unless you specify otherwise. Antibiotic ointment, Vaseline, Sting kill/ease, hand/body lotion, Calamine lotion, Burn Gel/Spray, Aloe, Desitin, Sunscreen lotion, antacids, oragel, antiseptic, throat spray, cough drops, Visine/allergy drops, Carmex/Blistex, Callergy/anti-itch lotion.

Medication to be given at school (if prescription, must be accompanied by doctor's order):

1. Medication: _____ dose in (mg/tsp) _____

Time and duration: _____

Reason for medication: _____

Permission to use/carry inhaler

_____ (Child's name) has been instructed in the proper use of the _____ inhaler.

_____ inhaler can be carried on person. (If carried on person I, the undersigned, absolve the school of any responsibility in safeguarding our child's inhaler.)

_____ Inhaler needs to remain in clinic. (Please check one)

I authorize the nurse or school personnel under the supervision of the school nurse to be my agent to give medication checked/or written in above to my child. PLEASE NOTE: Generic brands are used in most cases and medications are given sparingly. In case of emergency, if the school is not able to contact me, I give permission to take my child to the nearest hospital or appropriate facility for medical attention. Medical information may be shared with school personnel, EMT's, and hospital personnel on a need-to-know basis. If it is necessary to contact an ambulance, it will be the responsibility of the parent/guardian to pay for this service.

Parent/Guardian Signature: _____ Date: _____

Frankton-Lapel Community Schools Medication Policy: The purpose of administering medication in school is to help each student maintain an optimal state of health to enhance his/her educational plans. Medications should be given at home whenever possible. Medications given during school hours should be only those necessary to provide the student access to his educational program. A medication form must be signed and completed by the parent/guardian of the student who is to receive medication. Medications prescribed for a student are to be in the original container with pharmacy label and student's name affixed. All permission for long-term medication shall be renewed annually. Over-the-counter medications must be brought in with the manufacturer's original label with the ingredients listed and the student's name affixed to the original package. Herbs and dietary supplements are not medications and will not be dispensed at school. ****Important**** the parent is responsible for assuring the medication arrives safely at school in a properly labeled container with written permission. Medications **will not** be given without a proper written authorization. The parent/guardian is responsible at the end of the treatment regime for removing from the school any unused medication, which was prescribed for the child. If the parent does not pick up the medication by the end of the school year, it will be properly disposed of.