

**North Andrew R-VI
Health Inventory, Emergency, and Permission Form**

Grade _____

Student Name _____ Social Security # _____

Mailing Address _____ Date of Birth ____/____/____

City/State/Zip _____ Phone # _____

Mother/Guardian _____ Employer _____

Mailing Address _____

Phone- Home # _____ Cell # _____ Work # _____

Work Days and Hours- _____

Parent/Guardian's Email Address _____

Father/Guardian _____ Employer _____

Mailing Address _____

Phone- Home # _____ Cell # _____ Work # _____

Work Days and Hours- _____

If divorced, who has legal custody? _____

Where will your child go if school gets out early? _____

In Case of Emergency Please Call:

Name _____ Phone _____

Name _____ Phone _____

In the event that your child has an accident or becomes ill at school, please list the physician to be called.

Physician _____ Phone _____

Dentist _____ Phone _____

Date of Last Physical ____/____/____ Last Tetanus Shot ____/____/____ Last Dental Check -up ____/____/____

My child has permission to have vision, hearing, dental, scoliosis, speech/language, etc. screening test.

YES _____ NO _____

Present Health Concerns _____

OVER

Diabetes YES / NO Seizure Disorder YES / NO Asthma YES / NO

If yes to any of the above illnesses please be specific about condition below.

Past Medical History (Injuries, Hospitalization/Operation, Health Problems) _____

List any allergies your child has (Food, Insect Stings, Medications) _____

List any medications and dosage your child currently takes _____

We have the following medications available at school to treat minor illness/injuries. **If you prefer your child not to receive one of these or he/she has an allergy, please indicate in the space below.** We must have a parents/guardians signature at the bottom of this page before we can give any medication.

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|-----------------------------------|
| <u>*Generic versions may be used.</u> | *Campho-phenique | *Tylenol | *Eye Wash/Artificial Tears/Visine |
| *Epi-pen (severe allergic reactions.) | *Vaseline/Blistex | *Ibuprofen | *Similasan Ear Drops |
| *Albuterol(severe asthma episode) | *Solarcaine Spray | *Children's Tylenol Cold | *Delsym Cough Med |
| *Benedryl (minor allergic reactions) | *Aloe Vera | *Dayquil | *Robitussin |
| *Caladryl/Calamine Lotion | *Triple Antibiotic Ointment | *Pepto Bismol/Tums | *Cough Drops |
| *Hydrocortisone 1% Cream | *Peroxide | *Sore Throat Lozenges | *Anbesol/Oragel/Orasol |
| *Vick's Vapor Rub | *Chloroseptic | *Wound cleansers/Saline | |
| *Decoral Forte (Acetaminophen, Dextromethorphan, Guaifenesin, Phenylephrine) * Medicidin-D (Acetaminiphen, Chlorpheniramine Maleate, Phenylephrine) | | | |

Regarding Epi-Pen **PLEASE NOTE::** Epi-Pen administration is Board approved and WILL BE ADMINISTERED IN THE EVENT OF AN ANAPHYLACTIC REACTION (which is an emergency).

Please list any items above you do not want your child to have: _____

Authorization is given to North Andrew R-VI to consent to medical treatment for my child _____ if we the parents/guardians are not available at the time of injury/illness. Our private physician or a consulting physician of his/her choice recommends admission to the hospital; we authorize admission to any hospital for our child at the time of an injury/illness in our absence. We, the parents/guardians, will be responsible for the charges for any medical treatment or hospitalization rendered by reason on this authorization.

Insurance Company & Policy # _____

Missouri Health Net/Medicaid # _____

_____ **Please mark if you do not have Insurance.**

Legal Signature of Parents/Guardians:
Consent for Medical Treatment must be **signed in the presence of** a notary public. (One signature required, two recommended.)

Signature _____

Signature _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

If you do not get this form SIGNED and NOTORIZED the health office cannot treat your child with any medication!