

2017-2018 SCHOOL NURSE FORM

Student Name: _____

List any medications that your child is taking at home:

List any medications that your child will be taking during school hours. Any medication that your child will be taking in school requires a Doctor's prescription: (This includes Tylenol or Ibuprofen)

List any medical conditions and health problems such as allergies, seizures, breathing problems and/or bone injuries that your child has experienced:

Name of Child's Doctor: _____ Telephone: _____

Name of Medical Insurance: _____ Policy #: _____

The school will not give any students Tylenol or Ibuprofen without a doctor's note.
The guardians are responsible for bringing and "unopened" bottle to the school for their child.

Guardian Signature: _____ Date: _____