ST ROSE SCHOOL STUDENT HEALTH SERVICES

Health History Update/Medication Permission Form

Student Name:	Grade:School:
Address:	Teacher:
HEALTH HISTORY UPDATE Chronic disease assessment: Does the	his student have any of the following?
ALLERGIES:	
Anaphylactic reaction: Yes No	Carries Epipen: Yes No
Asthma: Mild Moderate	Severe Exercise Induced
Medication for asthma:	
Diabetes: Yes No	Seizure Disorder: Yes No
Other Medical Conditions:	
Does your child require daily medicati	on? Yes No
Name of medication:	In school: Yes No
DOES YOUR CHILD HAVE HEALTH	INSURANCE: YES NO
Health information will be shared with	pertinent staff and transportation/bus drivers.
Student's Physician:	Phone #
MEDICATION PERMISSION UPDAT I give permission for Newtown School PLEASE CIRCLE:	E: personnel to administer the following medications to my child:
TYLENOL: Yes No IBUPROFE	:N: Yes No TUMS: Yes No (Grades 5-12)
Parent/Guardian Signature:	Date:/
parent/guardian and standing orders from be administered during school hours only,	nurses to administer medications to any school age child pursuant to written authorization of a the school district medical advisor. The Newtown school system will allow the above medication NOT ON FIELD TRIPS, provided this form is completed. Please contact your child's school number prescription or other over the counter medication, please see the nurse for appropriate form

Thank you for your cooperation,

Ana Paula Machado, MD

Newtown School's Medical Advisor

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Anne Dalton, RN, BSN District Nursing Supervisor

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