St. Joseph School Nurse Form

This questionnaire is designed to aid us in anticipating any health concerns that might affect your child's safety or learning

Name: _____ DOB:_____ Grade:_____

Address: _____ Primary Phone: _____

Father/Guardian #1:_____ Cell:_____

Mother/Guardian #2:_____ Cell:_____

Physician:_____ Phone:_____

Insurance Co: _____ _____ Preferred Hospital:_____

Previous School:_____

Email _____

Emergency Contacts: (If parent cannot be reached, this person is permitted to pick up student from school)

Name/Relationship _____ Phone:_____

Name/Relationship _____ Phone:_____

Health History

Allergies: Life threatening Y/N Treatment Plan: Epinephrine Y/N Antihistamine Y/N

Describe allergy, reaction and treatment:_____

_____

Asthma: Y/N Inhaler needed in school Y/N Explain:_____

Hearing: Concerns Y/N Explain: _____

Speech: Concerns Y/N Therapy Y/N Explain: _____

Vision: Concerns Y/N Glasses Y/N Contacts Y/N

Dental: Concerns Y/N Explain: _____

Heart Disease: Y/N Explain: _____

Seizures: Y/N Explain: _____

Diabetes: Y/N Explain: _____

Other Health Concerns: _____

Hospitalizations: Including Fractures _____

Medications taken at home: Y/N Type and purpose: _____

May this student participate in all sports activities: Y/N Explain: _____

If your child needs to take medication at school, please contact us or your doctor for the necessary authorization forms which must be completed prior to any medication being given at school. Also, if your child has a life threatening condition, mediation and care plan must be in place A.S.A.P **prior** to the student starting school.

Parent Signature: _____ Date: _____

Medical Permission Form

2022-2023 Academic Year

Student Name: _____ Grade:_____

Acetaminophen (Tylenol) Permission Form

I give permission for _____ to receive Acetaminophen (Tylenol), according to the standing order from Dr. Fong, the District Medical Advisor. Your child may receive Acetaminophen for the following:

1. A temperature of 101 degrees or above and the parent has been called to pick up the child
2. Other conditions for which Acetaminophen may be administered are: Headache, menstrual cramps or painful injury.

Parent Signature:_____ Date:_____

Authorization for a Life-threatening Situation or Medical Emergency

In the event of a life-threatening situation or what the school deems to be a medical emergency, I understand the school will call 911 and request an ambulance or police transport to a hospital for emergency treatment. I further understand the school will make every effort to contact me directly before transport. I understand that I will assume full responsibility for the payment of any transport or emergency medical services rendered. If the situation is not life threatening or what the school deems to be a medical emergency, but other attention is needed, I understand that it will be necessary to have the student picked up by a parent, guardian, or other approved designee.

Parent Signature: _____ Date:_____

Medical Information Consent

The information on this form may be shared confidentially with school staff and emergency responders as needed. I give permission for the release and exchange of information of any health issues between the school nurse and health care providers for confidential use in meeting my child's health and educational needs in school.

Parent Signature: _____ Date:_____