

Aspen Community School

STUDENT HEALTH INFORMATION - 2015 / 2016

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_
Mothers Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_
Fathers Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Does your child have any health problems? Please describe:

- \_\_\_ Allergy to Foods \_\_\_ Convulsive Disorder \_\_\_ Hearing Problem \_\_\_ Diabetes
\_\_\_ Asthma \_\_\_ Heart Condition \_\_\_ Allergy to Medication \_\_\_ Bleeding Disorder
\_\_\_ Speech Problem \_\_\_ Vision Problem \_\_\_ Allergy to Environmental Factors \_\_\_ Other (Please indicate)

If you have checked any of the above, please explain and describe any current treatment, restriction, medications:

I, the undersigned parent/legal guardian of the above-named student, authorize that to the best of my knowledge the information provided above is accurate and agree to the following:

Medication will not be given to students by district staff unless necessary and with parent/legal guardian permission provided on a district Permission For Medication form or as indicated below.

Students are only permitted to self-administer medications as stipulated in Aspen School district policy JLCD, its corresponding regulation JLCD-R, and state law.

I, the undersigned parent/legal guardian, will contact the Aspen Community School Office for procedures if my child must take medication at school.

Also, as the undersigned parent/legal guardian, I will alert the ACS Front Office of any immunization updates pertaining to my child.

In signing this form, I, the undersigned parent/legal guardian, also give the Aspen Community School Representatives permission to provide this Health Information form to a qualified emergency medical technician(s), nurse(s), physician(s) and/or surgeon(s) and have my child treated by such individuals in emergency situations as deemed necessary by, its agents, servants or employees.

Permission for the Administration of Tylenol, Benadryl and/or Epi-pen to Students:

In accordance with district policy and regulation, Tylenol (or other brand names of acetaminophen), Benadryl (or other brand names of diphenhydramine hydrochloride) will be provided by the District and administered to students by the school nurse or the nurse's designee, and as determined by the school nurse or the nurse's designee, as designated below by the student's parent/legal guardian on this Student Health Information Sheet.

Please check off the appropriate boxes and sign below:

I, the undersigned parent/legal guardian of the above-named student

( [ ] give my permission), ( [ ] do not give my permission) for Tylenol to be administered to the above-named child on a limited-basis as determined by the school nurse or designee.

( [ ] give my permission), ( [ ] do not give my permission/do not authorize) for Benadryl and/or Epi-pen to be administered to the above-named child in emergency situations as determined by the school nurse or designee.

(Signature of Parent /Legal Guardian)

(Date)