

Student Information and Medical Information Form

Student Name _____ Date _____

1) Pediatrician/Physician _____ Phone # _____

2) Past Medical History

Date of last physical: _____ On file? YES NO

Does or has your child received medical care for any of the following? (please circle)

Asthma Kidney Disease Orthopedic Problems

Diabetes Seizures Heart Disease

Other _____

3) Do you have medical insurance? YES NO

Health Insurance Plan _____ Policy # _____

Do you need help obtaining health insurance? YES NO

4) Does your child have any allergies? YES NO FOOD/MEDICATION

If yes, please explain _____

5) Does your child take medication regularly? YES NO

If yes, what? _____

6) Do you give your consent for your child to receive school nursing services from the school nurse?

YES NO

7) Do you give your consent for your child to receive school nursing services from Curry College nursing students/faculty: YES NO

8) Medication Permission

I, _____, give the school nurse permission to dispense the following medications in dosages appropriate for my child's age and weight.

Acetaminophen (Tylenol) (for minor pain)	YES	NO
Ibuprofen (Motrin, Advil) (for minor pain)	YES	NO
Cough Drops (for minor sore throat/cough)	YES	NO
Eye Wash (for flushing foreign material from eye, relieve eye irritation)	YES	NO
Diphenhydramine (Benadryl)	YES	NO
White Petroleum Jelly (Vaseline) (dry skin/cracked/chapped lips)	YES	NO

In case of emergency, I give my consent to school personnel to apply basic first aid as needed and/or transport my child to the nearest hospital. Further, in case of severe injury, I hereby release my consent to the hospital to administer any necessary treatment thereof.

YES NO

Signature of Parent/Guardian

Date