

Health Maintenance Form

Student's Last Name _____ Student's First Name _____
Home Base Teacher or HR# _____ Grade Level _____ Date of Birth _____

Medical Contacts

Please list local persons whom the school may contact in the event that a parent or caregiver is unavailable to pick up the student from school if he or she becomes ill. *Do not use names of parents listed on the reverse side of this form.*

<i>Contact #1</i>	<i>Contact #2</i>
Name _____	Name _____
Cell Phone _____	Cell Phone _____
Home Phone _____	Home Phone _____
Primary Physician's Name _____	Physician's Phone Number _____
Dentist's Name _____	Dentist's Phone Number _____

Health History

Does the student have any allergies? No ___ Yes (*describe*) _____

Does the student have any chronic health problems? No ___ Yes (*describe*) _____

Has the student had a serious illness or operations in the past year? No ___ Yes (*describe*) _____

Is the student under doctor's care now? No ___ Yes (*describe*) _____

Medication

List any current medications and the dosages below. **Check here if none** _____

** Please indicate below if medication needs to be given at school. **

*** All medications given at school require a doctor's order. ***

Medications: _____ Dosages/Time: _____

Does the student **carry or keep** the following in the nurse's office?

• **Inhaler?** No ___ Yes (*type*) _____

Grades 5-12 only: Is student able to self-administer the inhaler medication? No ___ Yes ___

• **Epi-pen?** No ___ Yes (*type*) _____

Grades 5-12 only: Is student able to self-administer the Epi-pen medication? No ___ Yes ___

Does the student have any allergies to medication? No ___ Yes (*type*) _____

The School Nurse may administer the following medication:

<u>Grades K-12:</u>		<u>Grades 7-12 only:</u>	
Acetaminophen (Tylenol)	yes / no	Ibuprofen-(Motrin-Advil)	yes/no
Antacids	yes / no	Benadryl (allergic reactions)	yes/no
Cough/Throat-Loz	yes / no	Imodium (diarrhea)	yes/ no
		Nasal decongestant (non-Sudafed)	yes/no

Yes ___ No ___ I give permission for the school nurse to share information concerning my child's health with appropriate GMSD personnel in order to ensure the students optimal care safely.

If school personnel cannot contact me and my child is ill, injured at school or at a school function, and/or needs emergency care, the school has my authorization to take my child to the nearest hospital. I understand that the information on this card may be shared with pertinent school district personnel.

Parent or Guardian Signature _____

Student Contact Information Verification

This information will be used for Connect-ED calls regarding school events, closings and emergencies. Connect-ED is a parent notification system that allows the district to contact you rapidly via phone and email.

Corrections? Please list below. Blanks indicate no information is currently on file.

Child's Name:

Child's Grade:

Child's Home Phone Number:

Child's Alternate Home Phone Number (if applicable, see Reminders below):

Mother/Guardian's Work Number:

Mother/Guardian's Cell Number:

Father/Guardian's Work Number:

Father/Guardian's Cell Number:

Email Address:

Alternate Email Address:

Reminders:

- Connect Ed Service cannot dial an extension; therefore, be sure the numbers you include are direct lines.
- Connect Ed can also **only** accept two work phone numbers, two cell phone numbers, and two email addresses per child.
- In the case of shared custody, Connect Ed can accept two home phone numbers for a child.

Please return this form to:

[YOUR CHILD'S SCHOOL BUILDING]

c/o The School Nurse

10 South Waverly Street

Shillington, PA 19607