

HEALTH INFORMATION FROM PARENTS

Woodbine Community School

The information below will be recorded on your child's health record and will be kept confidential in the nurse's office. It is needed to give the health service to your child while he/she is at school. This will be shared with school personnel only as needed to maintain your child's health.

Name of Child _____	Grade _____	Name of Child _____	Grade _____
Name of Child _____	Grade _____	Name of Child _____	Grade _____
Name of Child _____	Grade _____	Name of Child _____	Grade _____
Name of Child _____	Grade _____	Name of Child _____	Grade _____

Names of Parent/Guardian _____ Home Address _____

Home Phone _____ Father's cell # _____ Mom's cell # _____

Father's place of business _____ Work # _____

Mother's place of business _____ Work # _____

Marital status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

.....
 In case you cannot be contacted, who shall be called? This should be someone in Woodbine or immediate vicinity.

1. Name _____ Phone # _____
 Cell phone _____ Work # _____
2. Name _____ Phone _____
 Cell phone _____ Work # _____

Has this person agreed to assume responsibility for your child? Yes _____ No _____
 Doctor _____ to be called in case of emergency. Phone # _____
 Hospital _____ to be used in case of emergency (at parent's expense).
 Family dentist _____ Phone # _____
 Date of last dental exam _____
 Does your child wear glasses _____ and/or contacts _____? Name of eye doctor _____

.....
 List any health/psychological problems your child may have that the school should know about? (diabetes, asthma, history of rheumatic fever, heart disease, allergies, ADD, ADHD, mental/emotional problems, etc.) _____

List any illnesses, hospitalizations, operations, injuries that your child may have had this summer or last year? Label any that are still a concern.

List the names, dosages, time given of any medications your child is currently taking. _____

Does your child have any limitation for participating in PE classes? _____

Signature of Parent/Guardian _____ Date _____

PLEASE COMPLETE THE INFORMATION ON BACK OF THIS SHEET.

**WOODBINE COMMUNITY SCHOOL
STANDING ORDERS FOR ADMINISTERING OVER-THE-COUNTER MEDICATIONS**

The following medications are available in the school nurse office in a limited supply. If your child needs to take any of the following medications on a regular basis, you will need to supply your own.

ACETAMINOPHEN (Jr., children, or adult strength Tylenol) Given for complaints of headaches and minor aches and pains.

IBUPROFEN (Advil, Motrin) Given for minor injury involving swelling and inflammation.

ANTIBIOTIC OINTMENT (Neosporin, triple antibiotic) Used for minor cuts, scrapes, abrasions, etc., after washing with soap and water.

ANTIFUNGAL CREAM Used on suspicious ringworm lesions.

COUGH DROPS (Ludens, Halls) Used for dry, persistent coughs and scratchy throat.

PETROLEUM GEL Used for dry hands and chapped lips

THROAT LOZENGERS (Chloroseptic, Cepacol, Screts, etc.) Used for sore throat complaints.

TOPICAL ANTIHISTAMINE (caladryl, calamine, etc.) Used for minor topical rash, itch, etc.) **DO NOT USE FOR CHICKEN POX**

KILL STING KIT Used to deaden stings from bee, wasp, insects, etc.

ORAJEL Used to deaden pain for tooth and gum discomfort

TUMS Used for complaints of indigestion, heart burn, etc.

VISINE TEARS Used to irrigated eye when red, irritated and dry

OTHER OVER-THE-COUNTER MEDICATION (include name of medication, amount to be given and time to be given)

ALL OF THE AFORE MENTIONED PRODUCTS MAY BE USED FOR ALL OF MY CHILDREN ATTENDING THE WOODBINE SCHOOL, TIGER TOTS AND PRESCHOOL WITH THE EXCEPTIONS OF THE FOLLOWING CHILDREN AND PRODUCTS:

Name _____	Product _____
Name _____	Product _____
Name _____	Product _____

I GIVE MY PERMISSION FOR THE ABOVE-MENTIONED OVER-THE-COUNTER PRODUCTS AND MEDICATIONS TO BE ADMINISTERED BY THE NURSE WITH THE UNDERSTANDING THAT THE NURSE WILL USE GOOD JUDGEMENT IN ADMINISTERING THEM. THESE PRODUCTS MAY BE APPROVED FOR THE DEFINED SYMPTOMS ON A SHORT-TERM BASIS.

SIGNATURE _____ DATE _____