

Chattahoochee County School System
NURSES FORM

(To be completed by parent or legal guardian)

School Year _____ Grade _____

Student's Name _____ Date of Birth _____
Last First

Home Address _____

Parent/Guardian's name (who the student lives with): _____

In case of illness or emergency, please call: _____

Mother _____ Home# _____ Work# _____ Cell# _____

Father _____ Home# _____ Work# _____ Cell# _____

If a parent cannot be reached, I authorize Chattahoochee County School System to call the person(s) listed below. I also authorize those listed below to sign my child out.

Name	Relationship	Home #	Work#	Cell#
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1. _____

2. _____

3. _____

4. _____

Allergies:

Please list all allergies that you are aware that your child may have:

Is your child allergic to bee stings? Yes/No

If so, what type of reaction usually occurs: _____

Will your child require keeping an Epi-Pen at school for severe allergic reactions? Yes/No

In case of serious illness/injury the school will render first aid as prescribed by School board Regulations while attempting to contact parent. If neither the parent nor the designee can be reached and the situation is very serious, the school will call 911 for ambulance transportation to the nearest medical ER appropriate. Fees for transportation and medical services will be the responsibility of the parent/guardian.

Parent/Guardian's Signature: _____ **Date:** _____

Asthma:

Does your child have Astma? Yes/No

Will your child require an inhaler (rescue breather) at school? Yes/No

Will your child need to keep his/her inhaler with them during school hours? Yes/No

Will you be leaving your child's inhaler in school clinic? Yes/No

Name and expiration date of inhaler _____

What usually triggers an asthma attack in your child? _____

General Health:

Family Doctor: _____ Phone # _____

Seizures: Yes/No _____

Fainting Spells: Yes/No _____

Diabetes: Yes/No _____

Heart Problems: Yes/No _____

Kidney Problems Yes/No _____

Physical Impairments: Yes/No _____

Other: Yes/No _____

Medications:

All medications to be administered at school must have a prescription label listing med., dose, freq., Dr., and expiration date. All medications are to be delivered to school by an adult.

Correct medications to be given at school: _____

I do hereby grant the school nurse/staff member permission to administer Tylenol, Ibuprofen, Midol, or its equivalent for minor complaints such as headaches, body aches, or menstrual cramps. Anti-acids(example TUMS) or Pepto Bismol may be given for upset stomach or indigestion. Robitussin cough syrup and throat lozenges may be given for simple cough and sore throat. I do hereby release Chattahoochee County School System and the school nurse from any adverse reactions that might occur as a result of taking these medications.

Signature of Parent/Legal Guardian: _____ Date: _____

The information obtained from this form will be kept confidential. This form is to allow us to safely care for your child while he/she is in our care. Thank you for your time and cooperation.