HEALTH INFORMATION & TYLENOL PERMISSION

(please complete and return today)

Student's Name _____ Birthdate _____ Grade _____

Student's address _____ Resides with: *(please circle)* Both parents
Mother
Father
Other

Home phone _____

Mother's name _____ Work # _____

Cellullar _____

Father's name _____ Work # _____

Cellullar _____

Emergency Contact Person _____ Phone _____
(contacted when parent(s) cannot be reached)

Student's Physician _____ Phone _____

Please list: Health conditions/concerns _____

Allergies (environmental/seasonal) _____

Allergies to medications _____

Allergies to food or milk _____

Emergency action needed while at school or on the bus due to your child's health condition_____

_____

Does your child wear glasses or contacts? Circle: **YES** or **NO**

Does your child have any hearing difficulties? Circle: **YES** or **NO**

Does your child carry an inhaler and use independently at school? Circle: **YES** or **NO**
(please note: a medication form must be completed by parent & physician before your child can carry an inhaler at school)

Does your child keep an inhaler in the nurse's office and use under supervision? Circle: **YES** or **NO**
(please note: a medication form must be completed by parent & physician before medication can be administered to your child at school)

Does your child take medication on a daily basis? Circle: **YES** or **NO** please list _____

Does your child require medication during school hours? Circle: **YES** or **NO** please list _____
(please note: a medication form must be completed by parent & physician before medication can be administered to your child at school)

During the course of the school year it is often necessary to treat minor injuries or illnesses (conditions such as sore throat, headache, cuts & scrapes, rashes, etc). The products most often used at Pawnee School are listed below.

Acetaminophen (generic Tylenol) **325mg tabs (adult strength)**
½ % hydrocortisone cream
Triple antibiotic ointment (generic Neosporin)
Hydrogen peroxide
Cepacol throat lozenges
Calamine/Caladryl lotion
Generic Visine eye drops
Insect bite sting relief spray
CoolGel burn relief gel
Saline contact lens solution

****Please cross off any product(s) that you do NOT want your child to receive and sign below. The school does NOT provide chewable or liquid Tylenol.**

TYLENOL LOG			
DATE	TIME	TABS	SIGNATURE

PARENT SIGNATURE _____ **Date** _____