

Student Health Information

2017-2018

Student Name: _____ Grade: _____T

Teacher: _____

Immunizations: A copy of current immunization record must be presented to enroll. Festus R-VI School District requires immunizations for: DPT, Polio, Measles, Mumps, Rubella (MMR), Hepatitis B and Varicella. School Age Children (K-12): Missouri State Law, Section 187.181, RSMo 19 CSR 20-28.010 Immunization Rule requires school age children to be appropriately immunized or exempted in order to enroll in or attend school. Revised 1996.

Has a doctor diagnosed your child with:

Asthma ___ Diabetes ___ Seizure Disorder ___ Heart Condition ___ ADD ___ ADHD ___ ODD ___
Bipolar ___ Autism ___ Seasonal Allergies ___ Food Allergy ___ Sting Allergy ___ Migraine ___ Hearing
Impairment ___ Vision Impairment ___ Other, Please Specify _____

If you checked any of the above, please describe your child's condition, reaction and treatment for each. You may need to meet with the school nurses to discuss further and provide additional information.

Please list any hospitalizations, surgeries (include dates):

Does your child wear any of the following: Hearing Aid ___ Glasses ___ Contact Lenses ___

Please list all medications your child is currently taking. If medication must be given at school, please read below:

Medication Name Dosage and How Often

It is preferred that medications be given at home whenever possible. If medication must be administered at school, prescription medication must be in the original container with a current prescription label. All over the counter (OTC) medication must be in the original bottle/box and only manufacturer's instructions will be followed
___ I **give** permission for Tylenol/Cough Drops/Tums to be administered by school personnel

___ I **DO NOT** give permission for Tylenol/Cough Drops/Tums to be administered by school personnel

******NO** medication will be dispensed without signed authorization from the parent/guardian, which must include the child's name, name of medication, dose, time to be given, start date and end date. Authorization forms are available in the nurse's office. **ALL** medications are to be brought immediately to and kept in the nurse's office****

May the Festus R-VI nursing staff contact your family doctor? Yes ___ No ___

If yes, please list doctor's name and phone number: _____

In accordance with the Board of Education policy, parents will be notified as soon as possible in case of serious illness or injury. Student will be given emergency care by school personnel as indicated in Section JHC of District Policy as approved by the Board of Education. Parents who do not wish their child cared for in accordance with the board policy should indicate this in writing to Assistant Superintendent, Nathan Holder: 1515 Mid-Meadow Lane, Festus, MO 63028.

My signature below verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety.

Parent/Guardian Signature

Emergency Contact Phone #

Date