Fremont County School District #2 School Health Information

Student Name _____Male _____ Female_____ Grade _____

Date of Birth _____Age _____ Parent/Guardian Name (s):_____ Home Phone _____

Medical Provider: _____ Clinic Name: _____ Phone: _____

Mother: Cell Phone _____ Work Phone _____

Father: Cell Phone _____ Work Phone _____

EMERGENCY CONTACTS (other than parents and **must list at least one**)

1._____ Relationship_____ Phone Number_____

2._____ Relationship_____ Phone Number_____

MEDICATION: List all **prescribed** medication (s) that your child is currently taking and the diagnosis:

_____

_____

*Medications that are to be given at school require a completed **"Request for Administration of Medication Form"**

Tell us more about your child's health:

ALLERGIES:

Does your child have any diagnosed allergies: Yes _____ No _____ Please list allergies and reactions:

_____

Does your child require an _epi-pen_ for these allergies? Yes _____ No _____

Last occurrence of anaphylaxis _____ Symptoms of anaphylactic reaction _____

Does your child have asthma? Yes _____ No _____ Does your child use an inhaler? Yes _____ No _____

Does your child need to carry an inhaler with them at all times during the school day? Yes _____ No _____

Will your child be storing an inhaler in the nurse's office? Yes_____ No _____

Seizures? Yes_____ No_____ Cause of Seizures: _____ Date of last seizure: _____

Frequent headaches or migraines? Yes _____ No _____ Best treatment when they occur? _____

Diabetes? Yes _____ No _____ Management- Pump/Multi-dose Injections

Hearing loss? Yes _____ No_____ Hearing Aids? Yes _____ No _____

Speech difficulty? Yes _____ No _____

Glasses or Contacts? Yes_____ No_____ Diagnosed color blindness? Yes _____ No _____

MEDICATIONS PROVIDED AT SCHOOL

The following medications are provided at school. **Please check all that you will allow your child to receive at school**:

Acetaminophen (Tylenol): Yes _____ No _____

Ibuprofen (Motrin/Advil): Yes _____ No _____

Cough Drop/Throat Lozenge: Yes _____ No _____

BENADRYL (For allergic reaction/rash): Yes _____ No _____

Topical Medicated Ointments such as Bacitracin and Hydrocortisone 1%: Yes _____ No _____

I give permission for the school nurse or trained designee to dispense the medication listed above to my child if needed throughout the school day should I be unable to come and dispense.

Signature of Parent/Guardian: _____ **Date:** _____

PLEASE COMPLETE AND SIGN BOTH SIDES

Students Name _____ **Grade** _____

IMMUNIZATION INFORMATION

Wyoming State Law requires your child to be properly immunized as designated by the State Health Officer. Your child will be conditionally enrolled for **30 calendar days**. If requirements are not met by the end of 30 days, your child will be excluded from school. Please provide the school nurse with a current immunization record when a new immunization is administered.

A current immunization record must be on file with the school nurse.

HEALTH SCREENINGS

Health screenings are an opportunity to gather important health information early. Some results require your child to receive a follow-up examination by your healthcare provider.

The school nurse screens selected grades for vision, hearing, and color blindness. Upon completion, results are mailed home.

MEDICATION POLICY

If your child requires medication during school hours, the following procedure is to be followed:

1. A **"Request for Administration of Medication"** form **MUST** be completed and signed by a parent/legal guardian and medical provider. This form will be reviewed by the school nurse prior to medication being administered.

2. The prescribed medication will be brought to the school nurse with the required paperwork.

3. Students taking over-the-counter medication from home will also adhere to the above policy.

4. **Prescription medication brought to the school nurse in anything other than the original prescription bottle will not be administered to the student.**

5. All medication will be stored and locked in the nurse's office. *EXCEPTION: Inhalers may be carried by the student if the form has been signed on the Request for Administration of Medication Form by the parent/legal guardian and prescribing medical provider, and is on file in the school nurse's office. Medications that can be given outside of school hours should be. Antibiotics that are four times a day are an exception.

I have read and understand the information above regarding Immunizations, Health Screenings, and the FCSD#2 medication policy.

*School Nurse WyIR Access Agreement: To ensure the Wyoming Department of Health is aligning with HIPPA laws, Wyoming School Nurses must obtain a parent/guardian agreement before accessing student immunization records within the Wyoming Immunization Registry (WyIR). Do you consent to access of your child's immunization records? **Yes** _____ **No**_____

Signature of parent/guardian: _____ Date: _____