

The Anthony School Health Form

Student Name _____
DOB _____ Gender _____ Grade _____

Three Emergency Contacts (Other than parents)

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Preferred Hospital _____

OVER THE COUNTER MEDICATION

The following medication may be administered AS NEEDED and only if initialed by a parent/guardian and signed at the bottom of the page. Students may take the indicated dose of oral pain relief medication once in a school day. The parent will be notified if there is no relief of symptoms. Please note if your child needs to take Ibuprofen/Tylenol on a daily basis for any set period of time for a medical reason, this medication will need to be provided to the school along with a doctor's note, the amount to be given and the time period for it to be given. All medications supplied to the school must be in the original bottle.

INITIAL MEDICATION

_____ Ibuprofen

_____ Tylenol

_____ Please contact parent before administering medication.

All medication will be given as directed on the bottle per weight and age.
Other medications stocked in the health room to be used as needed are: Chloraseptic throat spray, hydrogen peroxide, cough drops (age appropriate), Ora---gel, Tums, antibiotic ointment/cream, anti---fungal ointment, hydrocortisone cream, saline drops, petroleum jelly, rubbing alcohol, lotion, sting relief, antiseptic wash, Aloe Vera, and Benadryl.

★ALLERGIES: _____

*History of Asthma (circle one): Y or N

*Comments: _____

*Please note that medical information will be shared with teachers and faculty to ensure your child's health and wellbeing while at The Anthony School.

Parent/Guardian Signature _____

Initials _____ Date _____

