

Seacoast School of Technology
2017-2018 Health Information and Over the Counter Medication Permission

This form will be used by the nurse and housed in the health office

Student's name: _____ **Grade:** _____

Street Address _____ Town _____ **Date of birth:** _____

Mailing (if different) _____ **Gender:** _____

Tel # _____ **Program:** _____

Student lives with: (PLEASE CIRCLE) Both Parents Mother Father Legal Step-Mo Legal Step-Fa Guardian Other _____

Mother's full name: _____ Custodial parent (Circle) Yes No

Home phone _____ Cell phone _____ Employer phone _____

Father's full name: _____ Custodial parent (Circle) Yes No

Home phone _____ Cell phone _____ Employer phone _____

Step-parent's full name: _____

Home phone _____ Cell phone _____ Employer phone _____

Guardian's full name: _____

Home phone _____ Cell phone _____ Employer phone _____

Please list two other adults who could assume temporary care of your student if a parent/guardian cannot be reached.

Name _____ **Relationship** _____ **Daytime phone** _____

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HEALTH INFORMATION

Does the student have?

ASTHMA? _____ **DIABETES?** _____ **SEIZURES?** _____ **NEED an EPI-PEN?** _____

ALLERGIES? Stinging Insects _____ Foods _____ Medication _____

Latex _____ Other allergies (please specify) _____

The student (name) _____ **may carry his/her asthma inhaler/Epi-Pen** (Circle appropriate) as needed. *Parent/Guardian signature* _____

Please list any current physical or emotional health problems/concerns or restrictions _____

Current medications: _____

Will the student require any medications at school? (Circle) **Yes / No** – If yes, please list and call Health Office for additional paperwork. _____

Doctor/PCP (name) _____ Phone number _____

I give permission for the nursing staff to provide one or more of the medications listed below during the current school year.

Date _____ Please indicate below by signing beside **EACH** permitted medication.

Acetaminophen 500mg. (generic Tylenol) **Circle preference:** One **OR** Two tablets (*Signature*) _____

Ibuprofen 200mg. (generic Advil/Motrin) **Circle preference:** One **OR** Two tablets (*Signature*) _____

Permission to give basic antacid, Calamine lotion, sting kill swabs, antibiotic ointment, hydrogen peroxide, betadine, Benadryl, Loratadine, cough drops, burn gel, hydrocortisone cream as needed. (Circle) **Yes / No** *Parent/guardian signature* _____