Newtown Public Schools Health History Update Medication Permission Form

Student's Name:				Grade: School:							
Address:				Teacher:							
		(Chronic dis	ease asse	essment	: Does	this st				UPDATE following?
ALLERGIES:	· 										
Anaphylactic	reaction:	Yes	No		Car	ries Ep	ipen:	Yes		No	
Asthma:	sthma: Mild Moderate				e Exercise Induced						
Medication fo	r asthma:										
Diabetes:	Yes	No			Seizu	re Diso	rder:		Yes	No	
Other medica	ıl conditio	ns:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	
Does your ch	edication?	Yes	es No				In School				
Name of med	lication:	· · · · · · · · · · · · · · · · · · ·				 			Yes	No	
DOES YOUR	CHILD F	IAVE HE	EALTH INSU	JRANCE:	Ye	s N	No				
Health inform	ation will	be share	ed with pert	inent staf	and tra	nsporta	ation/bu	ıs drive	ers.		
Student's phy		Phone #									
				TION PE							
I give	permissi	on for th	e school nu	urse to ad PLEASE			owing r	nedica	tions to	my child	l:
TYLENOL: Parent/Guard	Yes	No	IBUPROF	EN:	Yes	No	TUMS	S :	Yes	No (Gra	ades 5-12)
signature:	liaii						Date:				
State and local s authorization of a allow the above i Please contact y medication, please Thank you for	a parent/gua medications our child's s se see the n	rdian and to be adm chool nurs urse for a	standing orde ninistered during e with any que opropriate form	ers from the song school hoestions. If y	school dis ours only, l	trict medi	school a cal advis	ge child or. The RIPS, pr	Newtowr	n school sys nis form is c	ompleted.
Soma	-						1	ares	200	ILL K	en

Ana Paula Machado, MD Newtown Schools' Medical Advisor Karen Powell, BSN, RN, NCSN Newtown School Nursing Supervisor