

Newburg R-II School District

Health and Special Service Information

Student: _____ School Year: _____
Gender: _____ Grade/ Teacher: _____ D.O.B: _____
Parent/ Guardian: _____ Parent/ Guardian: _____
Primary Phone : _____ Secondary Phone: _____

Health Information:

List any health/emotional conditions that have been medically diagnosed that may affect your child during the school day:

Diagnosis #1 _____ Date diagnosed: _____

Diagnosis #2 _____ Date diagnosed: _____

Diagnosis #3 _____ Date diagnosed: _____

Is there a special diet requirement prescribed by a physician? Yes or No

If yes please List _____

Has your health care provider informed you that your child has a life threatening allergy? Yes or No

If yes, please list the life threatening allergy: _____

Has your health care provider informed you that your child has **Asthma**? Yes or No

If your child has **Asthma** or a **life threatening allergy**, please see the nurse. Newburg R-II School recommends having an Asthma/ Allergy Action plan in place. If your provider has already developed an Asthma/Allergy plan, please submit a copy to the school nurse.

Circle any equipment that applies as required by a physician - Wheelchair, hearing aid, glasses, FM/AM device for Auditory Processing Disorder, Glucose monitor, suction machine, hoier lift, other _____.

Insurance Information: Is your child covered under any of the following?

Private Insurance _____ Medicaid/ Missouri Health Net _____ None _____

Has your child had a doctor's exam in the last 2 years? Yes or No

Does your child have dental insurance? Yes or No

Has your child had a dental exam in the last 12 months? Yes or No

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Special Services (Please circle all that apply)

Please circle any of the following services your child received at a previous school: Individual Education Plan (IEP) , 504 plan, Occupational Therapy , Physical Therapy, Speech Therapy or school counseling?

Medications given at home:

Please list medications given at home (You may use separate sheet of paper if needed)

Name: _____ Dose _____ Time _____ Reason _____

Name: _____ Dose _____ Time _____ Reason _____

Medications needed at school:

Name: _____ Dose _____ Time _____ Reason _____

Name: _____ Dose _____ Time _____ Reason _____

Our School Policy requires the following:

All prescription medications must be delivered in the original bottle to the school by a parent, legal guardian, or designated adult. Please supply the prescription information sheet from the pharmacy. All prescription medications and over the counter medications require a signed parent permission and a physician order that states the following: Name of Medication, reason for the medication, time to administer medication, length of time prescribed, (Example: x 10 days or until further notice). See Nurse for additional forms if needed.

Newburg R-II School will supply the following, if needed, with signed parent permission:

Acetaminophen / Tylenol, Ibuprofen, Antacid, Caladryl, Cough drop, Sterile Eye Drops, Aloe Vera Gel, Anbesol, Albuterol breathing treatment for suspected severe asthma attack, and Benadryl / Epinephrine for suspected severe allergy reaction.

If your child is allergic or you decline one or all of the above medications, please list the declined medication(s) in the provided space; otherwise your signature below will authorize administration of all of the above if needed at school:

MEDICATIONS DECLINED _____

Newburg R-II School and its employees and agents, including an authorized licensed prescriber providing the standing protocol or prescription, are to incur no liability, with the exception of gross negligence, as a result of injury arising from the administration of stock medication listed above.

****IN AN EXTREME EMERGENCY, YOUR CHILD WILL BE TRANSPORTED TO THE NEAREST EMERGENCY ROOM.**

It is the responsibility of the parent/guardian to update health information on a YEARLY basis, or as needed. Parent signature indicates agreement to the above information and confirms the information is complete and accurate.

Parent/Guardian Signature: _____ Date: _____