

Trimble County School District Health & Medical Form

09.224 AP.21

It's About Every Student, Every Day... No Excuses

Legal Student Name _____ (Last) _____ (First) _____ (Middle) Suffix _____ (Jr., III, etc)

Grade: _____ Date of Birth: _____ Gender: Male Female

Student's Address: _____ Street Address/Apt. # _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) of Student

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

In an EMERGENCY, if parent/guardian cannot be contacted, please call or release my child to one of the following:

1. Name: _____	2. Name: _____
Relationship: _____	Relationship: _____
Contact #'s _____	Contact #'s _____

Student's Physician: _____ Phone No: _____

If an emergency ever occurs, I prefer my child be sent to the following hospital, if possible: _____

Does the Trimble Co. School District have permission to contact your child's Physician in case of emergency? YES NO

CHRONIC ILLNESS AND ALLERGY INFORMATION

List of Diagnosis/Health Concerns: _____

Allergies: _____ Food Allergies: _____

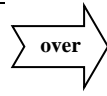
Medications taken at Home: _____ Dosage: _____

Medications taken at School: _____ Dosage: _____

Does your child's condition ever require the use of: Glucagon Rescue Inhaler Diastat Epi-Pen

-----**VERY IMPORTANT** - If you circled a treatment above, please print or request a copy of the **LIFE THREATENING EMERGENCY ACTION PLAN-PARENT PACKET**-----

"Authorization to Give Medication" forms must be on file for any medication to be given to a student during the school Day. Forms are available at the school or online and can be filled out when you drop off your child's medication to the office.



Parent/Guardian Signature _____ Date: _____

CONSENT FOR FIRST-AID

The following items or procedures are available at your child’s school during the school year. **Please review them closely and check “yes” only if you want your child to receive any of these while he/she is at school, if the need arises.**

Your consent below gives permission for staff (who have been trained in medication administration) to give the below medications and/or treatments as needed, without having to contact you each time during the school year. If there is ever a time when a student has severe symptoms or any of the below interventions are not helping, the school will attempt to notify you.

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Callergy Clear Calamine Lotion (Skin irritation or rash with itching)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	BandAid Brand Hurt-Free Antiseptic (superficial abrasion/cut)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	CarraKlenz Wound Spray (superficial abrasion/cut)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Tick Removal (Parent note will go home & tick will be taped to an index card and kept on file.)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Splinter Removal (Only if splinter is exposed – area will then be cleansed)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Lip Therapy (Individual use Carmex)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Burn Relief Gel (for minor burns)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Neosporin Ointment (minor cuts/abrasions)

*All minor abrasions and/or cuts will be assessed for severity and then washed with soap and water or CarraKlenz or Bandaid Brand Antiseptic Wash (if consent obtained). The area will then be covered with a loose dressing and it will be recommended that the student follow-up with his/her parent at home. **(K-5th graders will also have a note sent home with them if any treatment was completed).**

I have reviewed the above medications and/or treatments and hereby agree to release and hold the staff in the Trimble County School System free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from the administration of the items and/or procedures I have voluntarily marked, “yes”.

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

MEDICAL RELEASE – EMERGENCY TREATMENT

If Emergency treatment is required and the parent/guardian cannot be reached immediately, your signature in the space below authorizes the Trimble County Public School District and its appointed authorities to exercise their own judgment in contacting the physician indicated and/or EMS personnel to render treatment as may be deemed necessary in an emergency. Signing this form shall release the Trimble County School District and its staff members from any liability of any nature in assisting your child or rendering treatment during a medical emergency. Your signature also verifies that the information provided is current and accurate, that you will inform the school of any changes in this information and that you authorize school personnel to take reasonable emergency measures on behalf of your child.

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