Student Name____

PLEASE CHECK IF THE STUDENT HAS ANY OF THE MEDICAL PROBLEMS LISTED BELOW

☐ ASTHMA	☐ *FOOD ALLERGY	☐ *BEE/INSECT ALLERGY	☐ *OTHER ALLERGIES
☐ INHALER NEEDED IN SCHOOL	☐ HEART CONDITION	☐ MEDICATION ALLERGY	☐ BLEEDING DISORDER
☐ DIABETES	☐ HEARING PROBLEM	☐ MIGRAINES	☐ EMOTIONAL
☐ GI DISORDER	☐ VISION PROBLEM	☐ SEIZURES	☐ OTHER

*If a student requires an Epi-Pen one must be kept in the health office or on the student (with Doctor's permission) as well as a Medication Administration form.

Please explain any of the above checked conditions, or any other special health problems you would like the Nurse to be aware of____

____

Please list medications the student takes on a daily or as needed basis (school or home)_______________________

____

**If the student requires medication (prescription & non -prescription) to be given at school a Medication Administration form needs to be signed & the medication should be sent in the original prescription bottle.

The school physician has written standing orders for the following medications to be given by the school nurse if necessary and with parental consent. Permission for medication is not valid without parent/guardian signature (see below)
Please **CHECK EACH MEDICATION** which may be given to your child (Generic equivalent products may be provided)

☐**Advil** ☐**Antacid Tablet** ☐**Benadryl** ☐**Tylenol**

It is the utmost importance that all known medical information relating to your child is listed on this form and is updated as needed. If the parent/guardian can't be immediately contacted during an emergency, I understand Upper Bucks Technical School will secure medical attention for my child as deemed necessary. I release any staff member from liability for action taken on my behalf during a medical emergency regarding my child. I understand that the information is confidential. I give permission for my child to be treated at the Health Office and that my child's information may be shared with others who have a need to know to insure a safe environment for my child.

Parent/Guardian Signature_________________________________ **Date**______________