SAINT CLAIR AREA SCHOOL DISTRICT
HEALTH UPDATE FORM

Please complete and return this form to the nurse as soon as possible. The information that you provide will assist school personnel in the care of your child.

Student Name_____Birthdate_____ Grade_____Section_____
Address_____Home Phone_____ Cell Phone_____
Father's Name_____ Work Place_____ phone #_____
Mother's Name_____ Work Place_____ phone #_____

EMERGENCY CONTACTS

1. Name_____relationship to child_____phone #_____
2. Name_____relationship to child_____phone #_____
3. Name_____relationship to child_____phone #_____

HEALTH INFORMATION

Please list all allergies and the type of reaction that occurs (ie: rash, swelling, breathing difficulty):_____

_____

_____

Please list all health conditions (Asthma, Diabetes, Seizure Disorder,etc):_____

_____

_____

Please list all medications that your child takes on a regular basis (at home or at school):_____

_____

_____

Please list any surgical procedures:_____
Please list any special needs that affect physical activity, or education (vision, hearing, or mobility concerns):

_____

_____

PERMISSION TO TREAT

I give permission for my child to receive the following over the counter medication at school (check mark means yes):
_____tylenol (or generic brand) _____antacid (without fever) _____first aide protocols as approved by Dr. Setlock.

I give permission for my child to participate in the school fluoride program **(grades K-6 only):____yes ____no**

Please refer to your child's agenda for the Saint Clair School District Policy on medications. Students are not permitted to carry medications on their person during school hours. **If your child must take a medication (over the counter or prescribed) during school hours, please contact the nurse so that all the necessary paperwork is completed.**

I give permission for pertinent information to be shared with teachers and administration:___yes____no

Parent /Guardian Signature:_____ Date:_____

*****PLEASE REMEMBER TO UPDATE EMERGENCY INFORMATION AS NEEDED*****