

North East School District

HEALTH ROOM EMERGENCY INFORMATION

NAME: _____ DOB ____/____/____ GRADE _____

Address _____ Primary Phone # _____

Preferred Hospital in case of an emergency: _____

Students Health Care Provider: _____ Recent appointment date: _____

Students Dental Care Provider: _____ Recent appointment date: _____

Please read the following and CIRCLE any health concerns.

Any Routine Medication? YES NO If Yes, please list: _____

LIFE THREATENING ALLERGIES/REACTIONS? YES NO

If yes, to what? _____ Is an Epi-Pen prescribed? YES NO

ASTHMA: YES NO Is an inhaler prescribed for school? YES NO

EPILEPSY/SEIZURE DISORDER: YES NO Date of last seizure: _____

Emergency seizure medication prescribed? YES NO Medication Name: _____

Please describe any additional health conditions or home concerns below:

The school has standing orders, which includes a list of approved treatments and medications recommended by our physician. The list of approved medications is listed online.

Please circle the following items that you give permission to the school nurses to administer to your student while in school:

Ibuprofen (6th-12th grade ONLY)

Tylenol (6th-12th grade ONLY)

I hereby give my permission for my child to receive a **physical exam** as per PA Public Health Code section 1402, which requires all students receive a health exam upon entry into school, in the 6th grade and again in the 11th grade years.

Signature: _____

I hereby give my permission for my child to receive a **dental exam** as per PA School Health Code section 1403, which requires all students to receive a dental exam upon entry into school, in the 3rd grade and again in the 7th grade years.

Signature: _____

I hereby give my permission for my child to have his/her back screened for **scoliosis** per PA School Health Code Chapter 23, section 10. This screening is required during the 6th and 7th grade years, which are during the period of critical developmental growth.

Signature _____

Signature: _____ Date: _____

Over the Counter Medications approved by Standing Orders

Analgesics Topical (Anbesol, Bactine, Biofreeze, Blistex, Burn Spray, Caladryl, Carmex, Chloraseptic, Throat Spray, Sting Swabs)

Analgesics Oral (Acetaminophen, Ibuprofen, Midol) Middle and High School Students only.

Antibiotics Topical (Bacitracin, Neosporin)

Antihistamine (Benadryl, Epinephrine) Dosage by age/weight with Parental notification prior to administration required except in the event of an emergency.

Anti-inflammatory (Hydrocortisone Cream, Ibuprofen)

Gastrointestinal (Lactose intolerance medications, Tums)

Ophthalmic (Contact lens solution, Eye wash, Visine)

Other (Narcan, Albuterol) Emergency administration only.

Health Services Include

- *Immunization record review and maintenance*
- *Annual vision screening grades K-12*
- *Annual height/weight measurement grades K-12*
- *Annual hearing screening grades K,1,2,3,7,11 and special education students*
- *Blood pressure checked on all students grades 6-12*
- *Dental exams are provided for grades K, 3, 7*
- *Medical exams are provided for grades K, 6, 11*
- *Scoliosis screening done in grades 6 and 7*
- *Assisting with obtaining health insurance for uninsured children through the CHIPS program*