



Summer
School 2017

Summer School Medical Information Sheet

Student Name: _____

Is their general health good? Yes No, explain below:

If applicable, please check: ✓

____ Convulsion Disorder ____ Significant allergies ____ Food restrictions ____ Visual Problems
____ Wears glasses ____ Contact Lenses ____ Hearing Problems
____ Asthma (*Prescribed inhalers may be kept by the student & self-administered if the physician or parent indicates this need in writing and considers the student sufficiently responsible.*)

Please explain any above: _____

Specific medical problems: _____

Restricted physical activities: _____

My son/daughter is allergic to: _____

His/her allergic reaction is: _____

My son/daughter is currently taking the following medications:

Medication

Dosage

ALL medication must be labeled with the student's name and brought to the School Nurse

*If applicable, please turn in a completed **Medication Procedure Form** to the clinic.*

- 1. Prescription medication must come in a bottle from the pharmacy.** The medication label must include the doctor's name, name of medication, and dosage. Parent/guardian MUST inform the school of any changes in medication.
- 2. Over-the-counter medication** must be labeled and turned in to the School Nurse accompanied with a note from parent/guardian.

Parent/Guardian Signature

Date