



## 2024 Summer School Medical Information Sheet

Student Name: \_\_\_\_\_

Is he/she in 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 conditions: \_\_\_\_\_

Restricted physical activities: \_\_\_\_\_

My son/daughter is allergic to: \_\_\_\_\_

His/her allergic reaction is: \_\_\_\_\_

Please list medications taken at home:

Medication	Dosage

**ALL medication must be labeled with the student's name and brought to the School Nurse.** *If applicable, please complete the **Medication Procedure Form**.*

- 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