

Good Shepherd Christian Academy

Christ-Centered Excellence in Education Nurse/Med. Form

Student's Name: _____ Age: _____ Grade: _____

In case of an emergency, or if your child needs to be sent home due to illness:

Home Phone: _____ Work Phone: _____

Nearest emergency contact _____ Phone: _____
(relative or friend)

Allergies: (example) adhesive or paper tape, band aides, medications, food etc.

Health Problems: (example: diabetes, high blood pressure, asthma (if asthmatic, does your child have an inhaler?) allergies (if child has seasonal allergies does your child take over-the-counter antihistamines? What type?)

If your child complains of a headache, toothache, muscle ache, stomach ache, etc. do you grant permission to the school to administer any of the following:

	Yes	No	Dosage	x's/day
A. Tylenol regular or extra strength	_____	_____	_____	_____
B. Motrin	_____	_____	_____	_____
C. Advil (Ibuprofen)	_____	_____	_____	_____
D. Children's Tylenol	_____	_____	_____	_____
E. Other _____	_____	_____	_____	_____

If your child complains of an upset stomach, nausea, diarrhea, do you grant permission to administer:

	Yes	No	Dosage	x's/day
A. Tums	_____	_____	_____	_____
B. Mylanta	_____	_____	_____	_____
C. Other _____	_____	_____	_____	_____

If your child complains of a sore throat, do you grant permission for child to be administered lozenges or cough drops?

_____ Yes _____ No _____ How often

If your child is on any over-the-counter or prescription medication, please supply the school with any and/or all medications (over the counter, or prescribed, preferably easy to swallow medications), medical supplies, cough drops and clearly label with your child's name, grade and administering instructions (dosage of medication and time's per day). Also, please inform us if medication must be refrigerated. All extra supplies to have on hand in the nurses station are more than helpful.

Parent's Signature

Date