

**STUDENT HEALTH INFORMATION
MILAN SPECIAL SCHOOL DISTRICT**

Dear Parent/Guardian:

We need to update your child's health information. Please complete the following information and return it to the School Nurse as soon as possible. This information will only be shared with the necessary school personnel as needed to maintain and promote the student's health and wellbeing. Thank you for your cooperation.

Student _____ Sex _____ Date of Birth _____ School Year _____
School _____ Grade _____ Teacher _____

1. **Health Concerns:** If your child presently has, or has had in the last 2 years, any of the problems listed below, please circle the letter beside the health problem.

- | | |
|--|---|
| A. Asthma If yes, is inhaler used? YES NO | G. ADD or ADHD |
| B. Blood Disorder or Anemia | H. Hearing/Visually Impaired (not corrected by glasses) |
| C. Diabetes; Type I or Type II (please circle) | I. Muscular/Orthopedic Problems |
| D. Heart Problem, Type _____ | J. Stomach/Intestinal Problems |
| E. Kidney Problems | K. No Known Disability |
| F. Seizure Disorder, last seizure date? _____
Seizure meds taking _____ | L. Other _____ |

Please explain any area(s) circled above: _____

List All Allergies (i.e. Meds, Seasonal, Peanut, Bee Sting, etc.) _____

Has an Epi Pen been prescribed? YES NO _____ If yes, when was one last used? _____

Student's Doctor: _____ Phone #: _____

Student's Dentist: _____ Phone #: _____

Person(s) to contact in an emergency _____ Phone _____

Alternate contacts _____ Phone _____

2. Please list all current medications _____

3. If any medication must be administered during school hours, a medication form must be completed and signed for each medication and the medication must be brought to school by the parent or parent designee.

Parent/Guardian Signature: _____ Date: _____

Phone # (Home) _____ Work _____ Cell _____

Additional numbers/email address _____

PARENTS ----- PLEASE COMPLETE OTHER SIDE
TEACHERS ----- PLEASE RETURN FORM TO SCHOOL NURSE ASAP

MILAN SPECIAL SCHOOL DISTRICT
DEPARTMENT OF SCHOOL HEALTH SERVICES
MEDICATION POLICY

To: Parents / Guardians

From: Marilyn Goodman
Supervisor of Pupil Services

Re: MEDICATION POLICY

- ♦ Milan Special School District Board of Education Policy 6.405 states that **ALL** medications must be delivered to school in person by the parent / guardian of the student or the parent's adult designee.
- ♦ **NEVER SEND MEDICINE OF ANY TYPE TO SCHOOL BY YOUR CHILD!**
- ♦ In the event medication is sent to school by a child, the medication will not be dispensed unless a parent / guardian / parent's designee comes to school to verify and sign for the medication with school personnel.
- ♦ All prescription medication must be brought to school in the original, pharmacy labeled container. (You may want to ask your pharmacist to give you an extra bottle with a label on it, one for home and one for school).
- ♦ It is recommended that all nonprescription (over the counter) medication (example: Tylenol) be brought to school in a **sealed** manufacturer's original container and label, with the ingredients listed and the student's name written on the container. **No ziploc bags/baggies, unlabeled bottles, or expired medications will be accepted.**
- ♦ All unused medication will only be returned to the parent / guardian / parent's adult designee. If medication is not picked up within two weeks of the request being made, the medication will be discarded. No medication will be stored over the summer; medications left at the end of the school year will be discarded before the summer break begins.

I have read the above policy and understand that my child will not receive medication at school unless my designee or I bring it to the school. I understand that I will receive a phone call to come to school to sign for any medication that is not brought in according to our policy.

Parent / Guardian Signature

Date

PLEASE COMPLETE OTHER SIDE