



WESTERN LINE SCHOOL DISTRICT

“Committed to Excellence in Education”



STUDENT HEALTH INFORMATION 2021-2022

The information requested on this form will provide the school with essential information regarding your child’s health needs. This information is completely confidential; however, it may be shared with appropriate school personnel, only as needed.

Student’s Name: _____ Date of Birth: _____
Teacher’s Name: _____ Grade: _____
_____ Home # _____ Work/Cell # _____
Mother/Guardian: _____
Father/Guardian: _____
_____ Phone # _____ Relationship _____
Emergency Contact _____
Emergency Contact _____

CHECK THE APPROPRIATE BOX IF YOUR CHILD HAS ANY MEDICAL CONDITIONS.

*****Only Those conditions diagnosed by a doctor.

- NO MEDICAL CONCERNS AT THIS TIME.
- Anaphylactic Allergy Bladder/Bowel Problems Insulin Seizures
- Stinging Insect Allergy Blood Disorder Insulin Pump Spina Bifida
- Food Allergy _____ Cerebral Palsy Hearing Problems Asthma*
- Other Allergy _____ Cystic Fibrosis Heart Problems Other _____
- Epi-Pen at School** Glasses / Contacts Depression / Anxiety _____
- Migraines at School Diabetes Hydrocephalic _____

Care Plans

The Western Line School District has healthcare management plans for the above medical concerns. Please contact the school nurse to request a health care plan for your child. Contact information is below.

Medications at School

A medication form is to be completed and returned before any medication can be administered in school. See Western Line School District Policy (Administration of Medication at School) for more information.

Asthma Self-Administration Form

* An Asthma Self-Administration Form is required if your child is to carry an inhaler at school. The form is available from the main office or the office of the school nurse.

Epi-Pen Self Administration form

** An Epi-pen Self-Administration form is required to carry an Epi-Pen at school. The form is available from the main office, or the office of the school nurse. This form must be completed and signed by your healthcare provider.

List medications currently taking: _____

Parent / Guardian signature: _____ Date: _____



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NON-PRESCRIPTION MEDICATION ADMINISTRATION 2020-2021

Student’s Name: _____ Teacher: _____

Dear Parent or Guardian:

The Western Line School District has obtained standing orders from the District III State Health Officer / Physician for the school nurse to administer medications for minor conditions. No-over-the-counter medicine will be given in the absence of the school nurse. **If you want your child to receive any over-the-counter medicine while at school, you will be required to complete the following form below and provide that medicine in the original container labeled with the student’s name. You must also provide a note stating what specific condition/complain that medicine is to be used for.**

I, _____, give my permission for the school nurse to administer the medications as listed below to my child, _____, while at school. I understand that there is no liability on the part of the school district, its personnel, or the nursing staff of Western Line School District for civil damages as a result of the administration of this medication to my child.

Print Parent Name: _____

Parent Signature: _____ Date: _____

Please mark appropriately for each medication.

	YES	NO
Acetaminophen (generic Tylenol)	_____	_____
Antifungal Cream	_____	_____
Caladryl or Hydrocortisone Cream	_____	_____
Benadryl Cream	_____	_____
First Aid Cream	_____	_____
Ibuprofen (based on weight)	_____	_____
Tums or Pepto Bismal	_____	_____
Orajel	_____	_____
Throat Lozenges / Cough Drops	_____	_____

PLEASE COMPLETE THE BACK OF THIS FORM