



Miller County School System
996 Phillipsburg Road
Colquitt, Georgia 39837
Phone (229)758-4140 Fax (229)758-3244

HEALTH INFORMATION FORM FOR SCHOOL NURSE

Student's Name: _____ M F (Circle One)

DOB: _____ Home Address: _____

Grade: _____ Homeroom Teacher: _____

HEALTH HISTORY

Allergies: (Please answer **Yes or No**) _____

List Known Allergies: _____

Diabetes ___ Cancer ___ Seizure Disorder ___ Asthma ___ Sickle Cell Disease ___

(Other Health Issues) _____

Father's (Last, First): _____

Father's Day Phone: _____ Father's Home Phone: _____

Mother (Last, First): _____

Mother's Day Phone: _____ Mother's Home Phone: _____

Please list any health or medical concerns that your child has that may affect school performance, participation or health:

Miller County School Clinic personnel have my permission to contact my child's physician for further medical information. In the event I cannot be reached in an emergency situation, I give permission for this student to be transported to the Miller County Hospital or nearest local hospital and authorize the hospital to provide medical or surgical treatment.

Students' Legal name: _____

Signature of Parent/Legal Guardian

Date

Authorization form to give Non-prescription medication in the school setting.

Student Name: _____

DOB: _____

Grade: _____

Homeroom Teacher: _____

I hereby request that the Miller County School System through the school nurse, principal or other designee, supervise/assist in administering of non-prescription medication to my child.

The following is a list of non-prescription medications furnished by the school in a stock supply and given according to directions on labels, unless otherwise instructed:

Tylenol 328 mg. Tablets

Ibuprofen 200mg. Tablets

Hydrocortisone Crème

Antibiotic Ointment

Benadryl 25 mg. Tablets/Liquid

Claritin

Chloraseptic Throat Spray

Robitussin DM Liquid

Pepto Bismol tablets/Liquid

Midol Tablets

Visine Eye Drops

Artificial Tears

Orajel

Please list any medications you do NOT want your child to receive:

Signature Parent/Guardian

Date

PRINTED NAME Parent/Guardian _____

The written consent of the parent/guardian is required before any non-prescription medication can be given. If your child requires prescribed daily medication to be taken at school, please request a daily medication form.