

STUDENT HEALTH FORM

Student: _____ Date: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Allergies: _____

Health Problems or Issues: _____

Listed below are over the counter medications stocked at school to treat minor injuries or illness. Circle "YES" or "NO" if you give permission for your child to be treated.

- | | | |
|-----|----|--|
| YES | NO | Hydrocortisone Crème |
| YES | NO | Ambesol/Oragel |
| YES | NO | Hydrogen Peroxide |
| YES | NO | Triple Antibiotic Ointment (Neosporin) |
| YES | NO | First Aid Spray (Bactine, Lanacane) |
| YES | NO | Antacid (Tums) |
| YES | NO | Cough Drop with Menthol |
| YES | NO | Acetaminophen (Tylenol) (dose for age) |
| YES | NO | Ibuprofen (Motrin, Advil) (dose for age) |
| YES | NO | Pepto-Bismal (dose for age) |
| YES | NO | Visine eye drops |

Comments: _____

Signature of Parent/Guardian: _____