

This form must be completed and submitted annually, prior to the first day of school. Emergency contact information, health insurance name and policy number, names of your physician and dentist should be updated annually on your Student Information Form provided by the office manager.

School Policy on Injury, Illness, and Emergency Health Care:

If a child is unable to function well in the classroom because of an injury or illness, and the injury or illness does not appear to be of an emergency nature, the school will contact the parent and request that the parent pick up the child from school as soon as possible. If the parent is unavailable, the same request will be made of those listed on the Student Information form as an emergency contact. The school nurse or responsible staff person will care for the child in the administrative/health area until the arrival of the parent or contact person. Children will be released only to a parent, emergency contacts, or regular car pool drivers.

Depending on the extent of an illness or injury, emergency medical services may be called for treatment and if necessary, hospital transport. If immediate contact with the parent is not possible, the school nurse or responsible staff person may communicate with the physician listed on the Student Information form. All related medical expenses are the responsibility of the parents.

I have read completely the above information and give consent for the school to act accordingly: I give permission for my child to engage in all school activities, unless noted by me and my child's physician. I give permission for the school nurse, or designated Crossroads Academy staff to administer first aid, or to give any other assistance necessary for my child if he/she is injured or ill.

Parent Signature _____ Date _____

Date of last Pediatrician visit _____ Date of last Dental visit _____

If your child has had immunizations in the last year, Please submit a copy of the official updated immunization record. The immunization name, month, day and year should be listed.

List any medical conditions such as diabetes, epilepsy, asthma, ADHD, significant illnesses or injuries:

List any Allergies, including food and insect stings: _____

Are there any health problems that would require school modifications for your child's participation in physical education, field trips or other school activities? No__ Yes__

If yes, please explain: _____

Current Medication(s) _____

Emergency Medication(s) (ie. for bee stings, food allergies) _____

Student use an inhaler? No__ Yes__ Type/Medication _____

Will your child need an inhaler in school? No__ Yes__

If any medications, including emergency meds and inhalers, will be needed during school hours, please complete the appropriate forms available through the health office.

Student wear glasses? No__ Yes__ Any other vision problems _____

Student have a hearing aid? No__ Yes__ Any other hearing problems _____

List any problems with psychiatric, social, or behavior issues _____

Names and ages of siblings _____

The information on this form may be shared with my child's teachers on a need to know basis: Yes_____ No_____



Crossroads Academy Health Office
Permission for Over the Counter Medications

2015/2016

If you would like your child to be given Acetaminophen (Tylenol), Ibuprofen (Advil), or Tums at school, under the direction and supervision of the school nurse or the designee of the Head of School, please sign below. Dosages will be determined by the child's age and weight.

Child's Name

I give Crossroads Academy staff permission to administer the following medications to my child for fever, headache, toothache, stomach ache, injury, allergy, or as needed during school hours:

Acetaminophen (Tylenol)_____ (write yes or no)

Ibuprofen (Advil)_____ (write yes or no)

Tums _____ (write yes or no)

Benadryl_____ (write yes or no)

Signature of Parent/Guardian_____Date_____

Comments: