

**REVISION OF HEALTH RECORDS
OCEANPORT SCHOOL DISTRICT**

STUDENT _____ GRADE _____

1. Has your child had any illness, injury, or operation during the past year? Specify and give dates:

2. If your child wears glasses are they necessary at all times? _____

3. Does your child have any medical conditions that the school should be aware of? _____

Allergies _____

Heart Disease _____

Asthma _____

Orthopedic _____

Diabetes _____

Speech _____

Epilepsy _____

Other _____

5. List any medications your child is presently taking: _____

If your child received any immunizations not previously reported, please send in an updated immunization record.

**ADMINISTRATION OF MEDICATION POLICY (POLICY #5141.21)
Parents/guardians should administer medications at home whenever possible.**

1. Only the school nurse, parent, or guardian shall administer medication in school.
2. The parent/guardian must contact the nurse's office to discuss medication that is to be administered in school. An adult should bring all medication to the nurse's office. Written permission by the physician and parent/guardian must be on file in the nurse's office before any medication can be administered. This includes over-the-counter medications.
3. Medication must be in the original prescription container with the student's name as well as the physician's name and the instructions on the label.
4. Specific instructions are necessary from the physician if a student has asthma, diabetes, epilepsy, latex allergy, and/or food allergies. These orders should include name of medication, dosage, treatment regimen, and emergency care measures.

I give my permission for the school nurse to share information concerning my child's health to those faculty/staff members who may need to know. I recognize that sharing this information is important to my child's well-being while attending school.

Parent/Guardian Signature

Date