

**COMMERCE ISD HEALTH INFORMATION REQUEST**  
**School Year 2017-2018**

Dear Parent/Guardian: Please complete and return to the School Nurse as soon as possible. This information will only be shared with the necessary school personnel to maintain and promote the student's health/safety.

Student Name: \_\_\_\_\_ Sex: Male / Female Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom or 1<sup>st</sup> Period

Teacher: \_\_\_\_\_

School attended last year: \_\_\_\_\_ \_ Receives Special Ed Services: Y / N; Has a 504: Y / N

Disease/Condition	Yes	No	Please explain/elaborate here:
ADD or ADHD			What medications are prescribed for ADD/ADHD?
Asthma (in last 2 years)			Is an inhaler used regularly? Y / N Other medications?
Blood Disorder or Anemia			If yes, what type?
Diabetes			If yes, Type I or Type II? (please circle) Any medications?
Hearing Impairment			
Blindness/Visual Impairment			Glasses or contacts? Other eye condition?
Heart Problems			
Kidney or Urinary Problems			
Musculoskeletal Problems			
Other Health Concerns			
Other Respiratory Conditions			
Psychological Concerns			If yes, please list current medications:
Stomach/Intestinal Problems			
Seizure Disorder			Type: _____ Date of last seizure: _____ Medications: _____
			Is Diastat prescribed? Y / N; Has it ever been given? Y / N; Date last given: _____
Life-Threatening Allergies			To what?
			Is an EpiPen® prescribed? Y / N; Has it ever been used? Y / N; Date last used: _____
			Is Benadrvl given with the EpiPen®? Y / N
List All Other Known Allergies (medicines, foods, insect bites/stings, etc.):			
List Reactions to Allergies (hives, asthma, redness, etc.):			

If your child has any of the problems listed below, mark " Yes" beside the health problem and explain in the space provided:

Does your child take medication regularly or have other conditions not listed above? Y / N; If Yes, what? \_\_\_\_\_

Student's doctor/health care provider: \_\_\_\_\_

Phone: \_\_\_\_\_

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The school nurse may communicate with the student's healthcare provider regarding health concerns.

If **Yes** is marked for any of the above conditions, or if there are other health concerns, it is the parent/guardian's responsibility to contact the school nurse to develop a health/safety plan for use during school hours/activities.

I have read and understand the above statements.

Parent/Guardian name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Please see other side of form for policy regarding medications to be taken at school.

Parent/Guardian name(s): \_\_\_\_\_

Email address: \_\_\_\_\_

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Phones: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work/ext.: \_\_\_\_\_

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Others who can pick up student in the event of illness or injury:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

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3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

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**PARENTS ----- PLEASE COMPLETE OTHER SIDE. TEACHERS ----- PLEASE RETURN FORM TO SCHOOL NURSE ASAP.**

CISD

Medication Protocol

If under exceptional circumstances a child is required to take non-prescription or prescription medication during school hours and the parent cannot be at school to administer the medication, only the principal or the principal's designee will assist in self-administration of the medication if the student is competent to self-administer medicine with assistance in compliance with the following regulations. Written instructions **signed by the parent** will be required and will include:

1. Child's name;
2. Name of medication;
3. Name of physician;
4. Time to be administered;
5. Dosage and directions for administration (non-prescription medicines must have label direction);
6. Possible side effects, if known; and
7. Termination date for administration of the medication.

The medication must be delivered to the school office in person by the parent, guardian, or parent/guardian's adult designee. The parent or guardian is responsible for informing the designated official of any change in the student's health or change in medication.

The administrator/designee will:

1. Inform appropriate school personnel of the medication to be administered;
2. Keep written instructions from parent in student's record;
3. Keep an accurate record of the administration of the medication;
4. Keep all medication in a locked cabinet except medication retained by a student per physician's order;
5. Return unused medication to the parent, guardian and/or parent or guardian's adult designee. If the medication is not retrieved by the end of the school year it will be disposed of by the school nurse; and

6. Ensure that all guidelines developed by the Department of Health and the Department of Education are followed.

The Director of the School Health Services will develop and implement additional guidelines for the administration of any medications during the school day.

In accordance with the above protocol please note the following:

- D **NEVER SEND MEDICINE OF ANY TYPE TO SCHOOL BY YOUR CHILD.** In the event that medication is sent to school by a child, the medication will not be dispensed until a parent/guardian/parent's designee comes to school to verify and sign for the medication with school personnel.
- D All prescription medication must be brought to school in the original, pharmacy labeled container. Please do not mix medications in the same bottle. (You may want to ask your pharmacist to give you an extra bottle with a label on it, one for home and one for school).
- D Prescription medications must be administered according to the pharmacy label instructions. Neither the dose nor the frequency can be altered.
- D It is recommended that all nonprescription (over the counter) medications (such as Tylenol) be brought to school in a **sealed** manufacturer's original container, with the ingredients listed and the student's name affixed to the container. **No Ziploc bags/baggies, unlabeled bottles, or expired medications can be accepted.**
- D All unused medication will only be returned to the parent/guardian/parent's adult designee. If medication is not picked up within two weeks of the request being made, **the medication will be discarded.** No medication will be stored over the summer; medications left at the end of the school year will be discarded before the summer break begins.

I have read the above protocol and understand that my child will not receive medications at school unless my designee or I bring it in. I understand that I will be notified to come to school to sign for any medication that is not brought in correctly.

Parent/Guardian Signature

Date

-----PLEASE COMPLETE OTHER SIDE-----