Fleetwood Area School District Health Services

High School 2022-23

Student Name_____Grade_____BCTC west/east

Address:_____Phone_____

Parent/Guardian_____Phone_____

Parent/Guardian_____Phone_____

If unable to reach a parent/guardian, in case of emergency contact (other than parent):

1._____Relationship_____Phone:_____

2._____Relationship_____Phone:_____

Student's Physician_____Phone:_____

Student's Dentist_____Phone:_____

Hospital Preferred_____

Fleetwood Area School District school physician standing orders authorize district nurses to administer, with your permission, the following medications to students:

Please circle those medication(s) for which you give permission for a nurse to administer to your child.

Tylenol Ibuprofen Benadryl Midol Emetrol Robitussin Sudafed Maalox Imodium

My child has the following health conditions:_____

List all current medications:_____

My child has the following allergies:_____

Does your child require the use of an (circle all that apply): Inhaler Epi-Pen None

Has the student had any serious illness or operation in the past year?_____

Prescription Medications at School

If your child needs to take a prescription medication at school, please complete the medication form found on the FASD website and send the completed form to school with the medication.

*Parent/Guardian Signature*_____*Date*_____