

School Year 2018-19

PLEASE RETURN TO THE NURSE

Student's name _____

Grade for 2018-19 _____

Parent's signature _____

Date _____

_____ My child does not have any allergies at this time.

_____ My child is allergic to _____

_____ My child **requires** a nut allergy aware table at lunch.

_____ I have completed the allergy action plan – which includes my signature and the doctor's signature – and brought it to school with the medication. **(Action plan should be brought to school on the first day of school.)**

_____ My child has asthma. I have completed the asthma action plan – which includes my signature and the doctor's signature – and brought it to school with the medication. **(Action plan should be brought to school on the first day of school.)**

_____ My child has a history of seizures. I have completed the seizure action plan and sent it to school. **(Action plan should be sent to school on the first day of school.)**

_____ My child wears glasses or contact lenses.

_____ for distance work only _____ for close work only _____ should wear them all day

_____ My child is color blind.

_____ My child has ADD/ADHD

_____ My child takes ADD/ADHD medication at home. Name of medication _____

_____ My child has diabetes

_____ My child has a health issue the school should be aware of. _____

Most medications can and should be taken at home. However, if you need to send any medication to school during the year, whether it is prescription or over-the-counter, it needs to be accompanied by a completed medication form, signed by both the physician and the parent, unless the medication is already listed on the allergy or asthma action plan which is signed by the physician and the parent. Medication must be brought to school by an adult; students cannot bring medication to school.