CENTRAL DAUPHIN SCHOOL DISTRICT

600 Rutherford Road, Harrisburg, PA 17109

P: 717-545-4703 ▪ **F:** 717-214-5283

www.cdschools.org

ANNUAL HEALTH SURVEY

- **Please SIGN AND RETURN this form to your school nurse as soon as possible**
- **Certain information may be shared with other school staff members when the Certified School Nurse deems it necessary for the health and safety of the student**.

Student's Legal Name _____ Grade _____ Teacher _____

Parent Name (completing this form) _____

Physician's Name _____ Phone _____

Does your child have any of these ongoing health conditions:

___ Asthma ___ Seizure Disorder ___ Diabetes ___ Type 1 ___ Type 2

___ Life Threatening Allergy (**MUST** be documented with a physician's treatment order)

___ Other _____

During this past year, has your child had:

Serious illness, injury, or operation? Yes___ No___

If yes, please describe_____

Is your child under treatment? Yes___ No___

If yes, physician's name _____

Have there been any family changes that affect your child in the past year (marriage, death, serious illness)?

Yes___ No___ If yes, please describe _____

Immunization updates – please attach immunization record only if any immunizations have been given in the past year.

Medication administration at school requires a written doctor's order.

Is your child presently taking any medication? Yes___ No___ If yes, please describe _____

Name of medication Dose Reason When started

_____

_____

The following Over the Counter (OTC) medications, Tylenol, Advil and Tums can be provided at school with a signed school parent permission form for over-the-counter medication. Please see the attached policy for over-the-counter medications for additional information. This information is required to be updated annually.

Please mark those items or their generic substitutes which may be provided by the school nurse in the care of your child and sign the bottom of this form to acknowledge that you have reviewed the school over-the-counter medication policy (attached).

_____ Acetaminophen (Tylenol) _____ Tums _____ Ibuprofen (Advil/Motrin)

Parent Signature _____ Date_____

DPS-236

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OVER-THE-COUNTER (OTC) MEDICATIONS

The Central Dauphin School District has identified the below Over-the Counter (OTC) medications as the ONLY OTC medications permitted per district policy 210. Any and all other medication(s) not listed below must follow the procedures identified in the district's medication policy (Policy 210) before distribution can occur by a school district nurse. In order for a child to receive any of the below OTC medications in school, this form must be signed by the parent/guardian and all guidelines identified below must be followed. If changes are needed at any time, a new form must be signed and completed by the parent, otherwise, the below information will remain active for the identified student through his or her enrollment.

Nonprescription OTC medications will be given to students under the following conditions and with the written consent of the parent/guardian:

1. No OTC medication will be given to a student more than two (2) times during the school day, for more than four (4) consecutive school days, or on more than fifteen (15) occasions throughout the school year.
2. OTC medications intended for use over an extended period of time or across an entire school year must be accompanied by a doctor's order and follow the procedures identified in School Board Policy 210.
3. OTC medications listed below will be maintained and distributed by the school nurse.
4. The school nurse will notify the parent/guardian with any concerns regarding any of the below OTC medications as needed.
5. The school nurse may refuse distribution of any of the below OTC medications for medical reasons. The school nurse will notify the parent if such refusal does occur.

By my signature below I authorize the following OTC medications to be provided to:

(Student Name) _____
during the school day in accordance with guidelines set forth in this document. I understand that my authorization only applies to those OTC medications identified and approved on this document and all other forms of medications need to be managed in accordance with School District Policy 210.

Please check all that apply

_____ Acetaminophen _____ Calcium Carbonate (i.e. Tums) ____ Ibuprofen

Parent Signature _____ Date_____