

## SCHOOL NURSE PROGRAM

Dear Parent(s)/Guardian(s):

The Peach County School Nurse Program will be providing services in your child's school this year. It is necessary to complete this form if you would like your child to receive services at their school. Thank you and please let us know if we can help your child in any way or answer any questions.

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parent's Work Number \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Doctor's Name/Phone \_\_\_\_\_

Allergies: \_\_\_\_\_ If yes, does your child have an Epi Pen ? Yes No

Health Problems:

\_\_\_\_\_ Asthma -does your child use an inhaler/nebulizer? Yes No

\_\_\_\_\_ Diabetes -does your child take oral medication or insulin? \_\_\_\_\_

\_\_\_\_\_ Sickle Cell- Trait or Disease?

\_\_\_\_\_ Seizures -does your child take oral medication and/or emergency medication? \_\_\_\_\_

Other Health Problems: \_\_\_\_\_

Does your child take medication at school? Name/dosage of Medication: \_\_\_\_\_

Do you have any religious/cultural needs the school nurse should know about? \_\_\_\_\_

Please notify the school nurse of any new health problems so that we can help your child with medical questions.

I hereby give permission to the School Nurse and the Peach County School District for my child to participate in the following services offered by the School Nurse Program which I have **CHECKED** below. I understand that I can revoke this permission at any time by written notice to the school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

- Medication Administration (Tylenol, Ibuprofen, Tums, Benadryl, Cough Drops, Chloraseptic Spray)
- Wound Care (Antibiotic, Antifungal, Hydrocortisone, Bactine, Caladryl, Vaseline)
- Nursing care & treatment of acute illness
- General Primary Nursing Care

**This form must be completed and placed on file in the clinic before any services are rendered.**