

Student ID Number _____ Student Name _____

Student Concerns:

Do you have any concerns about your student's:

Vision	<input type="checkbox"/> No <input type="checkbox"/> Yes	Behavior	<input type="checkbox"/> No <input type="checkbox"/> Yes	Emotional Development	<input type="checkbox"/> No <input type="checkbox"/> Yes
Speech	<input type="checkbox"/> No <input type="checkbox"/> Yes	Attention Span	<input type="checkbox"/> No <input type="checkbox"/> Yes	Physical Development	<input type="checkbox"/> No <input type="checkbox"/> Yes
Hearing	<input type="checkbox"/> No <input type="checkbox"/> Yes	Ability to Learn	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Please explain yes answers here:

Students must have a new **Request for Medication Administration or Treatment Form** completed each school year before the school can administer medication to the student. **All medications require a physician and parent signature.** The pharmacy label **MUST** match the physician's written order. **No Ziploc baggies, unlabeled bottles, or expired medications will be accepted.** Any changes in medication must be accompanied by a new form, with the changes noted, and signed by the physician. All unused medication will only be returned to the parent/guardian or adult designee. No medication will be stored over the summer; medications left at the end of the school year will be discarded after dismissal on the last full day of instruction. No student should ever transport or possess medications on school property, except for emergency medications permitted by state law & a physician order (i.e. EpiPen, rescue inhaler, Glucagon, etc.). High school students may be permitted to carry over-the-counter medications if a Request for Medication Administration or Treatment Form is on file with the school nurse.

Alternative medicines and/or treatments such as herbal supplements, homeopathic medicines, vitamins, salves, nutritional supplements, essential oils and any other products that are not regulated by the FDA, will not be administered at school.

Medications must be brought to the school by a parent/guardian and should not be sent to school with a student.

Verification:

In case of illness or injury of my student, I understand the school will attempt to contact parents or guardians first. Then they will contact other persons I have listed- who are authorized to receive information, make certain medical decisions and have my student released to their custody. If none is available, the school is authorized to make whatever arrangements are deemed necessary to maintain my student's health including, but not limited to, emergency medical treatment.

I am the legal Parent/Guardian of this student. No Yes _____ Initials

If you are not the legal Parent/Guardian of this student, state your relationship to this student. _____

I verify that the information provided on this form is accurate and current.

X _____

SIGNATURE of Parent/Guardian/Other

PRINTED Name of Parent/Guardian/Other

Date