

Botkins Local School

Dear Parents of Elementary School Students:

We would like to have information from you concerning any health problems your child may have and any medication that your child may be taking on a regular and continuing basis. Please note any allergies to medication, food, or substances in the environment that affect your child. Often, teachers may be unaware of health problems their students may have, and we feel it would be helpful to the teachers – and especially to your child – if this knowledge was available to them.

Also, it may occasionally be helpful for your child to receive simple care for minor illnesses and injuries that may occur during school. Of course, if your child is complaining of a headache or is not feeling well, you (or other contact person you have designated on the emergency form) **will be contacted before any pain medication will be given.** Note: make sure we have current emergency contact numbers for your children. If you want your child to receive help such as this, please give your permission by checking the appropriate line and signing this form. If you would like to be contacted before any care, other than ice packs or band aids, is given, please check the appropriate line noted.

Please review the reverse side of paper to review different items that we provide to your child.

WITHOUT THIS FORM ON FILE, WE WILL NOT BE ABLE TO PROVIDE SUCH SERVICES TO YOUR CHILD.

Please assist us in obtaining this information by returning this form as soon as possible.
Thank you very much. *Remember to keep the school informed with any changes in contact numbers.*

Student's Name: _____ Age: _____ Grade/Teacher: _____

Who do you want contacted in order between 7:30 am until 3:00 pm

Contact #1. _____ () _____
Name Phone Number Relationship

Contact #2. _____ () _____
Name Phone Number Relationship

Contact #3. _____ () _____
Name Phone Number Relationship

Contact #4. _____ () _____
Name Phone Number Relationship

Please fill out all blanks even if not applicable. Give detailed information as needed.

Health problem(s): _____

New health problems within the last year: _____

Medication(s) routinely being taken: _____

Allergies to food: _____

and to environment: _____

Reactions: to medication: _____

to insects: _____

Please complete the reverse side

Below is a list of items provided by the school system in the health office that are used regularly for first aid/minor health care when treating your child. Please cross out any items/medications you do **not** want your child to receive.

Antiseptic wash/by Band-Aid	Bacitracin Antibiotic Ointment
Bactine spray	Band-Aids
Benedryl allergy - Antihistamine relief—Only give this if specified for allergic reaction or parental permission	
Blistex lip balm	Calamine lotion
Cough drops	Eye Drops—lubricant
First aid cream	Hydrocortisone cream
Ibuprofen	Isopropyl alcohol
Latex gloves	Midol
Multipurpose solution for contact lenses	Peroxide
Triple Antibiotic Ointment	Tums/antacids
Tylenol	

(Please check the appropriate line below.)

_____ I hereby give permission for my child to receive minor health care/first aid from personnel at Botkins Local School if the need should arise.

_____ I do **not** give permission for my child to receive minor health care/first aid from personnel at Botkins Local School. Please call me for instructions.

If medically necessary and we are unable to reach you, we will transport your child by rescue squad. Please indicate which hospital you prefer: _____

Student Name: _____
(Please Print)

Parent Signature _____

Date signed: _____

Medication Policy:

Please review the medication policy as received in your Botkins School handbook. Any medication (including over-the-counter medications i.e. cough drops etc.) must have a doctor's prescription. Parents are required to bring medication to school. Medications need to be in the original pharmacy container. Antibiotics and other short-term medications are the only exception to this rule. They can be given if they are in the original container, brought in by the parent, and the parent signs a note in the clinic. Nurses do not accompany students on field trips. Prior arrangements need to be made by parents and teacher for medications/treatments with approval of nurse.