



Dickson County Schools

Student Health Concerns

Last _____ First _____ Middle _____

School Year ____ - ____ Grade _____ Homeroom Teacher _____

Date of Birth ____/____/____ Sex: _____ Health Care Provider _____

Transportation (Circle): Bus # _____ Car Rider Before/Aftercare

Custody (Circle): Both Parents Mother Father Other _____

Please List Contact Names That May Instruct the School Nurse on Your Child's Medical Needs.

Name _____ Number _____ Relation _____

Name _____ Number _____ Relation _____

Name _____ Number _____ Relation _____

Name _____ Number _____ Relation _____

Current medical concerns **diagnosed by a health care provider.**

- None
- ADD/ADHD: Daily Medication (Circle) Yes No Needed at School (Circle) Yes No
- Adrenal Insufficiency: Medications at School (Circle) Yes No
- Asthma: Inhaler at School (Circle) Yes No
- Autism
- Diabetes: Type (Circle) 1 2 Medication (Circle) Pump Pen/Syringe Pills Diet
- Intellectual Disabilities (specify) _____
- Mental Health (specify) _____
- Severe Allergies: Needs Epinephrine at School (Circle) Yes No
- Seizures (specify) _____
- Other (specify) _____

Please list any medication your child takes daily (Home or School):

Please list any allergies that your child may have:

I consent for my child to receive first aid including: hydrocortisone cream, bacitracin ointment, sting relief swabs, petroleum jelly, burn spray, saline, peroxide, and alcohol if symptoms and the school nurse's assessment deems it clinically necessary for first aid. Acetaminophen, ibuprofen, or Benadryl may be given with verbal permission from emergency contacts in urgent situations.

Initials _____ (If no initials, products listed above will not be used)

I will provide all supplies needed for my child's medical concerns to the school nurse using the correct forms. I do understand that if an adult does not bring in medications to the school nurse, that my child will not receive medications at school. I will notify the school nurse if my child has any changes in medical needs. I consent for the school nurse to speak to my child's health care provider or staff. In case of emergency, I consent for my child to be transported to the nearest facility for medical evaluation.

Parent Signature _____ Date ____/____/____