

**Batesville Community School Corporation
Student Medical Form**

Student Name _____ Grade _____

Doctor _____ Dentist _____

Changes in Student Medical History

*Briefly describe medical issues/history that the nurse should be aware (life threatening conditions, asthma, allergies, diabetes, heart, seizures, hospitalizations).

Allergies-please indicate and list below: Yes No

Does student require an Epi Pen? Yes No

Medications (please list name, dose and how often it is taken):

****If a student needs to take **prescribed** medication during school hours, a permission form to administer medication will need to be filled out by the **doctor and parent**. This form may be **obtained in the school office/school website**. All daily prescription medication must be brought to the school in the original container by a parent/guardian.

Permissions

In the case of non-prescription drugs, a written authorization from the parent must be on file prior to administration of the treatment. Please indicate permission to administer for the following stocked medications below:

Tylenol	Yes	No
Ibuprofen	Yes	No
Antacid	Yes	No

I (We) give permission to share medical information with appropriate BCSC staff for the safety of our child: Yes No

In case of medical emergency and I cannot be reached, I give permission for my child to be taken to an emergency care facility either by emergency rescue unit or by a school official for medical treatment:

Yes, I agree _____

No, I do NOT agree _____

Insurance Information:

Does the student have adequate family insurance for vision ?	Yes	No
Does the student have adequate family insurance for dental ?	Yes	No

Signature: _____

Date: _____

