

**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).

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\_\_\_\_\_  
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 <b>vision</b> ?	Yes	No
Does the student have adequate family insurance for <b>dental</b> ?	Yes	No

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

