

North Fayette Valley Student Health Information Form 2025-26

Student Information

Last Name _____ First Name _____ DOB _____ Grade _____
 Parent/Guardian Name _____ Phone No(s). _____
 Parent/Guardian Name _____ Phone No(s). _____

Local emergency contact in the event neither parent/guardian cannot be reached:

Name _____ Phone No(s). _____
 Name _____ Phone No(s). _____

Health and Insurance Information

Primary Health Care Provider _____ Phone No _____

Primary Dentist _____ Phone No. _____

Type of Insurance _____ None _____ Hawk-I _____ Private _____ Medicaid

List all medications your child is taking:

At home: _____

At school: _____

Please check one _____ My child does not have any specific health conditions at this time **OR**
 _____ My child has the following health condition(s) (*check all that apply*)

If your child has a health condition requiring daily or emergent nursing care, the school will need an emergency/health action plan for each new school year. Forms are available on our health website

*(<https://www.nfvschools.com/student-health>) OR from your child's healthcare provider. These forms need to be completed and signed by your child's healthcare provider. **Please contact the nurse in your child's building prior to the beginning of the school year to review your child's condition and plan of care.***

_____ Allergy (Please describe) _____ Is an EPI pen needed? Yes _____ (Parent must supply) No _____

_____ Asthma - Is an Inhaler is needed at school? Yes _____ (Parent must supply) No _____

_____ Diabetes _____ Seizures _____ Bleeding Disorder _____ ADD/ADHD

_____ Heart Condition _____ Skin Condition _____ Bone/Muscle Condition _____ Other _____

Comments: _____

Administration of Over-the-Counter (OTC) Medications

All students will be allowed six doses of medication. After six doses, parents/guardians will be asked to supply medication.

☐ **I give permission** for the school nurse/certified staff to administer to my child, as appropriate and per manufacturer's instruction, the following OTC products as checked. These preparations may be administered throughout the current school year without prior phone call:

- ☐ Acetaminophen/Tylenol ☐ Ibuprofen/Motrin ☐ Antacid/Diotame ☐ Cough Drops
☐ Children's Chewable/Liquid Tylenol (PK-5th only) ☐ Children's Chewable/Liquid Motrin (PK-5th only)
☐ Benadryl ☐ Bacitracin ☐ Hydrocortisone ☐ Revive Eye Drops ☐ All OTC Medications Listed

☐ **I do not give permission** to administer the listed OTC medications.

Permission

*I give the emergency contact permission to release my child from school for medical reasons if I cannot be reached

*I give permission to the appropriate personnel of the North Fayette Valley Community School District to secure and authorize emergency medical care and treatment for my child that, in their judgment, is necessary and in the best interest of my child while under their supervision. I also agree to assume and pay for the fees for the emergency medical treatment.

*I understand that by checking that I give permission to administer OTC medications, that I give permission to designated school personnel to give medication to my student during the school day and I further agree to hold the North Fayette Valley Community School District and employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school.

*I understand that if my student comes to the health office multiple times with the same complaint, I may be notified for referral for further evaluation and/or asked to bring personal OTC medication to the health office for administration.

*I verify that the information on this form is correct and understand that it is my responsibility to notify the school whenever there is a change in my child's health status or care. I understand that this information is confidential but the information will be shared with other school personnel as needed.

* My student ____ may/____ may not participate in routine health screenings (height/weight, vision, dental, hearing, etc.)

Parent/Guardian Signature:_____ **Date:**_____