

Dear Parents,

In preparing for the 2017-20018 school year, the health office would like to take this opportunity to explain our policies, which are based on Minnesota Statutes.

The office can only give your child medication with your signed permission. Permission to give Tylenol for minor discomfort is included on the annual health information sheet. If the signed permission is not returned, the medication cannot be given.

If your physician orders a medication for your child, ask if the medication can be given outside of school hours. Many medications can be given at home. If a medication is to be given three times a day, it can be given before school, after school, and at bedtime. If medication must be given at school, you will need to obtain a Consent for Medication Administration form from the school office, which must be signed by the parent *and* physician, and includes instruction on administration of the medication. This includes those with asthma or reactive airway disease whom require inhalers. If you wish your child to carry their own inhaler, the school must have written parental authorization to do so. In addition, if self-administration of an inhaler is requested, the school does not require a physician's signature.

Over-the-counter medications that can be purchased without a prescription may be given with written parental consent, please request and return a Consent for Over-The-Counter Medication Administration form. The medication must be properly labeled in a manufacturer container. This excludes products containing ephedrine or pseudoephedrine as their active ingredients.

Please complete the attached health information sheet and include any information that would be helpful in keeping your child healthy.

Please contact the school if you have any questions or concerns.

Thank you for your cooperation.

Amber Bryngelson, RN, BSN

ANNUAL HEALTH INFORMATION  
2017-2018

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

HEALTH CONCERNS (Please check those that apply to your child)

- Vision                       Hearing                       Asthma                       Diabetes
- Heart Problems             Seizure Disorder                       Joint Problems
- Bladder or Bowel Problems                       Allergies (including food) \_\_\_\_\_
- Prescription medication taken at home \_\_\_\_\_

PLEASE EXPLAIN THE HEALTH CONCERNS INDICATED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health information will be confidential and will be shared only with appropriate school and transportation personnel as necessary to keep the student healthy and safe. You are not required to share this information, however, an incomplete health history may result in an incomplete health and safety plan for your child. Please sign below to give the school district permission to share the information that you provide. By signing, I also give the school district permission to receive immunization information from the healthcare provider.

**According to school policy, no medication will be given without parental consent. I give permission to the school nurse or other designated person to give non-aspirin pain reliever (Tylenol) in the appropriate dosage.**

\_\_\_\_\_ NO                      \_\_\_\_\_ YES

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Please notify the school nurse if you wish to change any of the above.*