LAKE HAVASU UNIFIED SCHOOL DISTRICT #1

ELEMENTARY HEALTH OFFICE

Name_____ Grade_____ Date of Birth_____

I give permission for the nurse or person designated by the administration to give my student the following non-prescription medications: ***(mark box (✓) if to be given)***

( ) Antacid (stomach aches, indigestion)
*( ) Acetaminophen/Tylenol – per weight/age directed on bottle
*( ) Ibuprofen – per weight/age directed on bottle
( ) Hydrocortisone/Callergy Lotion: rashes, insect bites, spider bites
( ) Oral gel: cold sores, tooth/gum pain, canker sores
( ) Antibiotic ointment: cuts and abrasions
( ) Cough drops (PROVIDED BY THE PARENT)

*For minor pain such as headache, menstrual cramps, muscle soreness, dental pain

(✓)**CHECK ALL CONDITIONS THAT APPLY**

- ☐ **NO KNOWN HEALTH PROBLEMS**
- ☐ ADD/ADHD
- ☐ Allergy_____

****If any food allergy please notify ARA at 928-854-5043***

  - ☐ Epi pen needed
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Autism
- ☐ Birth Defect (Chromosomal)
- ☐ Blood disorder
- ☐ Cancer/Leukemia
- ☐ Cerebral Palsy
- ☐ Chicken Pox
- ☐ Color Deficient
- ☐ Cystic Fibrosis
- ☐ Diabetes
- ☐ Epilepsy/Seizures
- ☐ Gastro intestinal
- ☐ Hearing
  - ☐ Accommodations required
- ☐ Heart Disease/Defect
- ☐ Kidney /Urinary
  - ☐ Restroom access needed
- ☐ Migraines/Headaches
- ☐ Muscular/Skeletal
- ☐ Physical Activity Restrictions
  - ☐ Related to:_____
- ☐ Scoliosis
- ☐ Speech Problem
- ☐ Vision – Glasses/Contacts
- ☐ Other (list below) explain

MEDICATIONS:
Given at **HOME**. Please list medication and reason given._____
_____

Administered at **SCHOOL**: **Additional form necessary – see nurse** (prescription required for all medications and medication must be brought to school by an adult)
Please list name of medication and reason given: _____
_____

DAYTIME – Names and phone numbers
Mother _____
Home _____ Work _____ Cell _____

Father _____
Home _____ Work _____ Cell _____

Every effort will be made to contact the parent or legal guardian before any procedures are initiated except in life threatening situations. If we are unable to speak to someone, we will leave a voice message asking you to call the school. If you would prefer a text message in addition to phone call, please provide the information below:
Please check with your individual service provider as standard text messaging rates may apply.

Emergency Medical Text:
Cell Phone # with area code: _____Cell Phone Company: _____

Parent/Guardian Signature: _____ Date _____