

NORTHGATE SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

Dear Parent/Guardian:

Welcome to the new school year! We have now combined the Student Data Sheet and Emergency Information Record so you will only need to complete one form. ALL health related information will remain with the School nurse.

Please take time to **read through everything** and have your child return the appropriate papers to the health office by **September 1, 2010**. If you have any questions, please do not hesitate to call.

Emergency information sheet:

- ◆ This information is vital in case of illness or an emergency with your child. Without emergency contact information, I am only able to contact a parent/guardian at their home phone number. Without your signature on the medical release, it is extremely difficult to get emergency care for your child in your absence. Remember to keep this information updated if home or work phone numbers change (all you have to do is call!).
- ◆ Included on this sheet is also permission to give your child Ibuprofen, Acetaminophen, and Antacids. This must be signed in order for me to give your child any medications.

REMINDER:

No student is permitted to carry any type of medication (prescription or non prescription) on their person unless it is cleared through the nurse. If your child needs to carry any medications (including inhalers) please have them stop by my office so that I may make note if it.

- ◆ Please fill in the medical information on this sheet. It is important for me to know if your child is taking any medications or is under medical treatment. This information remains strictly confidential and is only shared with staff or faculty with your permission.

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The Pennsylvania School Health law requires that all students have a *Medical Examination* on record upon entrance to school (kindergarten), 6th grade and 11th grade.

Your private physician may do at these exams anytime during the school year. Enclosed are the appropriate forms to have completed by your private physician at your convenience or in case of a scheduled appointment.

If you prefer to have the school physician do the examination, we will notify you when these exams are scheduled at school.

Please complete this form and return to the school nurse by **September 1, 2010**

Name of Child _____
Last First

____ I will have my child examined by his/her private physician

____ I request that the school physician examine my child.

Signature

Date

