



# UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

68 Martha Culp Drive, ETSU, Johnson City, TN 37614

Phone:(423) 439-4333

Fax:(423) 439-5921

## STUDENT HEALTH FORM - CONFIDENTIAL

Please note: This form must be completed for every student each year and turned in to the school nurse.

### SECTION 1: GENERAL INFORMATION

Student's Printed Name:	DOB:
Student's Current Grade:	
Parent/Legal Guardian Printed Name:	
Preferred Telephone Number:	
Alternate Telephone Number:	

### SECTION 2: EMERGENCY CONTACTS

Printed Name	Relationship to Student	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

### SECTION 3: MEDICAL INFORMATION

Please list your student's medical condition(s) below. Additional forms may be needed.

\_\_\_\_\_

\_\_\_\_\_

Please list any special considerations for your student:

\_\_\_\_\_

\_\_\_\_\_

Allergies:  No known allergies

If your student has any allergies to foods, insects, medications, etc., please list below.

\_\_\_\_\_

\_\_\_\_\_



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## SECTION 4: MEDICATION INFORMATION

Please list any medications your student takes daily. Please include both prescription and non-prescription medications.

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University School maintains the medications listed below. By placing your initials by each, you are providing your permission for University School to administer or assist in self-administration of the medications below as indicated. With your permission, when the School Nurse determines in their professional clinical judgment medication is needed, these medications will be given at the manufacturer's recommended dosage. If a medication listed below is unavailable, clinically similar medications may be substituted.

Parent/Legal Guardian Initials	Medication Name	Symptoms
	Tylenol	Mild to Moderate Aches/Pains/Headaches
	Ibuprofen	Mild to Moderate Aches/Pains/Headaches
	Benadryl (age 6 and up)	Allergic Reactions/Nasal Congestion/Allergies
	Claritin/ Cetirizine	Nasal Congestion/Sinus Pressure/Allergies
	Tums/Antacid	Upset Stomach
	Calamine Lotion/Benadryl Lotion/Cortisone Cream	Contact Dermatitis
	Cough Drops	Cough/Throat Irritation
	Vaseline	Mild Cut/Abrasion
	Sting Eze for bee stings or bug bites	Pain or Itch from Bee Stings/Bug Bites
	Anbesol ointment/Orajel	Mouth Ulcers/Mild Toothache

## SECTION 5: OTHER

Does your student have health insurance?  Uninsured  Family Insurance  TennCare  Other

Individual Health Plan ("IHP"):  My student needs an IHP for their medical condition.



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## CONSENT

I represent that I am the Parent or Legal Guardian of the student listed in Section 1 of this form. I give my permission for University School to administer or assist in the self-administration of the medication(s) I have initialed beside in Section 4 of this form. I assume full responsibility for any side effects and/or complications that my student may have resulting from these medications.

I understand that in the case of illness or injury, my student may be treated and/or transported by emergency personnel to the nearest healthcare facility and that any cost associated with care or transport will be my responsibility.

I understand in the event of a suspected opioid overdose, the school nurse or other trained personnel will administer Naloxone to my student. I understand in the event of a suspected life-threatening allergic reaction, the school nurse or other trained personnel will administer Epinephrine to my student.

I grant University School permission for the school nurse to communicate with my student's healthcare providers for the purposes of treating my student. I grant University School permission to communicate with the emergency contacts listed on this form and share information about my student with those individuals to the extent necessary.

By signing below, I certify that the information provided is true and complete to the best of my knowledge.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_