

Pemetic Elementary School



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Principal: Rhonda Fortin

Annual Health Update and Medication Permission

Name _____ Grade _____ DOB _____

Parent/Guardian names _____

Best number to reach you or your emergency contact person if your child is sick:

Name	Relationship	phone #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Allergies (food, medication, bees, latex, etc): _____

Treatment for allergy (benadryl? epi-pen?) _____

Needs Epi-pen at school? _____ date of most recent reaction _____

Regular medications or supplements: _____

Health Concerns - recent hospitalizations, serious injuries, new or long term diagnosis:

MEDICATION and EMERGENCY TRANSPORT PERMISSION

I give permission for my child, _____, to be given the indicated over-the-counter medications at school if necessary. I understand that if my child is on any new medication, or has a new allergy, it is my responsibility to notify the school nurse.

- ___ acetaminophen (Tylenol)
- ___ ibuprofen (Advil)
- ___ TUMS
- ___ menthol or non-menthol cough drop
- ___ benzocaine mouth gel (Anbesol)
- ___ loratidine (Claritin)
- ___ diphenhydramine (Benadryl)
- ___ 1% hydrocortisone cream
- ___ triple- antibiotic ointment (Neosporin)

I give my permission for the school to call emergency medical services for treatment and transport to the hospital if unable to reach me or if needed in an emergency.

Parent Signature _____ **Date** _____