

WESTMONT HILLTOP SCHOOL DISTRICT HEALTH HISTORY

School Year _____

GRADE _____

Student Name _____

Date of Birth _____

Address _____

Home Phone _____

DOES YOUR CHILD HAVE OR HAS HE/SHE HAD ANY OF THE FOLLOWING? Please give dates where applicable.

ADD/ADHD _____ Current medications: _____

Allergies (Please Specify) _____

Type of reaction _____

Medication needed at school for allergic reaction _____

Special seating required in cafeteria ___Yes ___No

Allergy Shots (How Often) _____

Asthma (Seasonal, Exercise or Cold Induced) _____

Current medications: Home _____

School _____

Bladder / Kidney Problems _____

Bowel Problems _____

Cancer _____

Cerebral Palsy _____

Chicken Pox Disease Date: _____

Concussion history (dates): _____

Diabetes: Type 1 _____ Type 2 _____

Current treatment: _____

Epilepsy/Seizure disorder: Type: _____

Current Medications: Home: _____

School: _____

Emotional/Psychiatric Problems _____

Physician/Therapist Name/s _____

Current Medications: _____

Hearing Problems _____

Heart Problems (Specify) _____

Are there any activity limitations, describe: _____

Recurring Illness (Bronchitis, Strep throat, Pneumonia etc.) _____

Nosebleeds (How Often) _____

Operations (Please Specify) _____

Orthopedic Problems _____

Serious Accidents _____

Speech Problems _____

Stomach /Gastrointestinal issues _____

Thyroid problems _____

Vision Problems: _____

Wears Glasses _____ Contacts _____

Other medical concerns or medications taken: _____

Child's Physician: Name _____ Phone number _____

Child's Dentist: Name _____ Phone number _____

Parent/Guardian Signature: _____ Date: _____

All prescription and over-the-counter medications administered in school must be accompanied by a written physician's order and parent permission. Please see medication guidelines on the reverse side.

WHSD GUIDELINES FOR MEDICATION ADMINISTRATION

The Westmont Hilltop School District will cooperate with parents and their medical practitioners in giving prescribed medication when these must be taken during school hours in accordance with WHSD board policy # 210. Ideally, all medication should be given at home. It is also recognized that at the present time, many students are able to attend regular school because of the effectiveness of medication in the treatment of chronic disabilities and illnesses. However, any student who is required to take medication during the regular school day must comply with school regulations. These regulations include the following:

ALL Prescription and Non Prescription medications will be administered by the school nurse or licensed medical practitioner under the following conditions:

1. Upon written request from the physician to the school nurse/licensed practitioner that medication be administered to the student. Included in the request must be the name of the student, name of medication, dosage and frequency of administration. Please complete this form and return it with the medication for administration to the school nurse.
2. Parental or guardian written request that medication be administered as prescribed in physician's statement.
3. All medication must be in the original prescription (or over-the-counter container) with current date and name of the student on the bottle. Please ask your pharmacist to make up a second bottle with the prescription label attached so it may be kept at school. A refrigerator is available if needed.
4. All medication must be brought to the nurse's office or main office by a parent or responsible adult, with the exception of inhalers, Epi Pens or insulin for which the student has a doctor's order to carry. No medication is to be kept in the student's possession or locker.
5. All medications should be picked up from the nurse's office at the end of the school year by a parent or responsible adult; otherwise it will be discarded. Please contact the school nurse to make these arrangements.

WHSD Asthma Inhaler Guidelines

The Westmont Hilltop School District will cooperate with parents and their physician in the administration of asthma inhalers during the school day, according to the district medication policy #210, along with new guidelines established from Act 182 of the School Code.

The school nurse/licensed medical practitioner must receive a written request from a physician before any inhalers may be administered/used by the student in school. The request must include the following: student's name, name of the medication, and dosage/frequency directions.

Parents and/or guardians need to provide written authorization to honor the physician's request.

Students may keep their inhalers in their possession after having demonstrated the capability for self-administration, and if they continue to demonstrate responsible behavior in the use of the inhaler.

All students must notify the school nurse/licensed medical practitioner immediately following EACH use of the inhaler while under school jurisdiction.

Students who refuse to follow these guidelines will have their inhaler confiscated, and will not be permitted to keep the inhaler in their possession.

WHSD Epinephrine Auto-injector Guidelines

The Westmont Hilltop School District will cooperate with parents and their physician in the emergency administration of epinephrine auto-injector during the school day in accordance with medication policy #210, along with new guidelines established from Act 195 of 2014. This Act also allows trained school staff to administer emergency epinephrine to a student believed to be having an anaphylactic reaction.

If your child will have an Epi Pen prescribed by his/her physician, please have both sides of this form completed. It is very important that you and your child's physician **complete all sections of the form and sign it** so that **specific instructions** are provided for the use of epinephrine at school. Please feel free to contact your child's school nurse with any questions.

1. School personnel must receive a written request from a physician before a prescribed Epinephrine Auto-injector may be carried/administered by the student in school or be administered by school personnel. The request must include the following: student's name, name of the medication, diagnosis/reason for the medication and dosage/frequency directions.
2. Parents and/or guardians need to provide written authorization for school personnel to honor the physician's request.
3. Students may keep their auto-injector in their possession after having demonstrated the capability for self-administration via demonstration with a trainer pen, and if they continue to demonstrate responsible behavior in the use/carrying of the medication.
4. The school nurse must be notified immediately following EACH use of the Epinephrine auto-injector during school hours.
5. Students who refuse to follow these guidelines will have their auto-injector confiscated, and will not be permitted to keep it in their possession.
6. In the event a student is believed to be having an anaphylactic reaction, the school nurse or trained personnel will administer Emergency Epinephrine and contact 911.

Thank you for completing this form as it helps us in the care of your child here at school.

Mrs. Peggy Antolik MSN, RN
Junior/Senior High School Nurse
255-8741

Mrs. Joan Ponzurick MSN, RN
Elementary School Nurse
255-8771