



Current Grade: _____

BUSD School Year 2025-2026

STUDENT HEALTH INFORMATION

Please Print & Sign

Student: Last/First Name

MI:

Birth date:

____ Parent/Guardian: Name (Printed)

Phone Number:

Signature:

Date:

Does your student have Frequent:

- ___ Colds
- ___ Nose Bleeds
- ___ Stomach aches
- ___ Headaches
- ___ Cough
- ___ Constipation/use of the toilet
- ___ Earaches

Has your student been diagnosed/treated for:

- | | |
|--------------------------|--|
| ___ Arthritis/RA | ___ Asthma |
| ___ Anemia | ___ Diabetes |
| ___ Epilepsy/Seizures | ___ Eczema |
| ___ ADHD | ___ Depression/Anxiety |
| ___ Hearing Loss | ___ Heart Condition |
| ___ Migraine Headaches | ___ High Blood Pressure |
| ___ Orthopedic Condition | ___ Seasonal Allergies/Sinus Headaches |

Are there any other medical issues the Health Office should be made aware of? _____

List PRESCRIPTION medications your student currently takes: _____

Student Allergies: (food, medication or insects) _____

Does your child have an Epi-Pen? _____ At school? _____

When was your student's last Physical exam (Month/Year): _____

When was your student's last eye exam performed by an optometrist: (Month/Year): _____

Does your student wear or has ever worn prescription glasses: _____

Health office use ONLY:

Received: _____ Entered: _____

Please notify Health Aide of any medications taken during school hours. Non-prescription (over the counter medications) are available through the Health Office. These are medications given for minor ailments (headaches, cramps, cuts and scrapes, stomachaches, coughs) that occur while your child is in school. Non-prescription medications will not be given for more than three consecutive days without an order from the student's physician. We do not dispense medications to take home. If your child is sick, or has a fever 101.0 or higher, **PLEASE DO NOT SEND YOUR CHILD TO SCHOOL.** Keep your child home or take them to the hospital for medical treatment. Same Day appointments may be available at Sells Hospital. If your child is seen and evaluated by a doctor or nurse practitioner, please ask for a "medical excuse" for the school office.

In order to give your child any type of medication, parental permission is required. The common types of medications available in the health office are listed below. Please circle Y or N if you give permission for the Health Aide to give the medication as needed.

****Would you like to be notified if any medication is given.....Y N**

****Children Strength Tylenol for minor aches and pains.....Y N**

****Children Strength Ibuprofen for minor aches and pains.....Y N**

Regular Strength Tylenol for minor aches and pains..... Y N

Regular Strength Ibuprofen for minor aches and pains..... Y N

Allergy Plus (combination medication) Acetaminophen/Diphenhydramine HCL/Phenylephrine... Y N

Cold Relief (combination Medication) Acetaminophen/Guaifenesin/Phenylephrine Y N

Cough drops..... Y N

Neosporin Ointment or Hydrocortisone Cream for minor skin injuries/Irritations..... Y N

Pepto-Bismol for upset stomach..... Y N

Benadryl (Diphenhydramine) for allergic reaction (oral and/or on skin) Y N

Would you like to be notified if Benadryl is given..... Y N

**** - For younger students, that are not yet able to take adult doses**

IN A MEDICAL EMERGENCY, 911 WILL BE CALLED AND PARENTS NOTIFIED