

Annual St. John School Required Health Forms.

Please complete for each student and return by email (nurse@saintjohnschools.org) or print and send in with your child.

Student Name: _____ Grade: _____

Annual Health Update

My child may participate in all activities including Physical Education. Yes _____ No _____

My child is currently taking medication. Yes _____ No _____

Name of Medication _____ Will student need at school? Yes _____ No _____

If medication is to be given at school, an **Authorization For Administration Of Medicine By School Personnel** form must be signed yearly and on file in the Health Office. These forms are available from the School Nurse.

Please list/explain if your child has any MEDICAL CONDITIONS (Neurological, Cardiovascular, Respiratory, Gastrointestinal, Musculoskeletal, Educational, Asthma, Skin, Hearing/Vision, Emotional):

My child has the following ALLERGIES (Life threatening, Peanut/Tree Nut, Environmental, Food, Bee Sting, Medication or Other): Please list reaction and if medication needed

Is there anything you would like to discuss with the school nurse? Yes _____ No _____

Please indicate if the following list of Non-Prescription Topical Medications/Treatments are okay and MAY BE USED for your child. The list below of "NON-PRESCRIPTION TOPICAL MEDICATIONS/TREATMENTS" have been approved by Nicholas Condulis, MD, FAAP, the School Medical Advisor for use at school. The School Nurse will assist in the assessment of the student's condition and appropriately use these medication/treatments.

1. Alcohol Prep pads (wound cleaning/piercings)
2. Anti-microbial wipes/Bactine (wound cleaning/piercings)
3. Antibiotic Ointment/Bacitracin
4. Calamine Lotion/Caladryl (skin irritation relief)
5. Hydrogen Peroxide 3% (wound cleaning)
6. Ice Packs
7. Liquid BandAid
8. Moisturizer/Hand lotion
9. Petroleum Jelly/ Vaseline (chapped lips)
10. Saline eye wash
11. Saline Contact Solution for contact care

All OK: Yes: _____ No: _____

Parent/Guardian Signature: _____ Date: _____