

NEWTOWN PUBLIC SCHOOLS
STUDENT HEALTH SERVICES
MEDICATION PERMISSION UPDATE
SEPTEMBER 2012 - 2013

Student's Name _____ Grade _____ School _____

Address _____ Teacher _____

Chronic Disease Assessment: Does this student have any of the following?

ALLERGIES: Please specify _____

Asthma: mild moderate severe exercise induced; Medication _____

Diabetes: Type I Type II

Anaphylactic Reaction to _____ Carries Epipen: YES NO
It is the Parents Responsibility to inform the school nurse and before/after school personnel if their child needs an Epipen.

Seizure disorder: Medication _____

Other/Medical Problems Conditions _____

Does your child require daily medication? () Yes () No, Name of medication, _____ In school () Yes () No

DOES YOUR CHILD HAVE HEALTH INSURANCE? () Yes () No

Health information will be shared with pertinent staff and transportation/bus drivers.

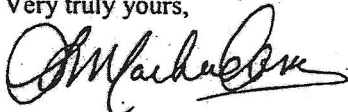
Family Physician's

Name _____ Phone _____

State and Local School Board Policies allow nurses to administer medications to any school age child pursuant to written authorization of a parent or guardian and standing orders from the school medical advisor. The Newtown School system will allow the above medications to be administered provided that this form is completed. If you have any questions or concerns, please contact your child's school nurse. Medication forms are available at your child's nurse's office for any prescription or other over the counter medication.

Thank you for your cooperation.

Very truly yours,



Ana Paula Machado, M.D.
Newtown School's Medical Advisor



Anne Dalton, RN,BSN
Nursing Supervisor
Newtown Public Schools

I give permission for Newtown School personnel to administer the following medications to my child:

Tylenol: ___ Yes ___ No Ibuprofen: ___ Yes ___ No Tums: ___ Yes ___ No
(Grades 5 to 12 only)

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

REMINDER TO 6TH AND 10TH GRADE STUDENTS: PHYSICAL EXAMS ARE DUE 1/3/13.
SPORTS PHYSICALS ARE REQUIRED EVERY 13 MONTHS.

DURING THE SCHOOL YEAR IF ANY OF THIS INFORMATION SHOULD CHANGE,
PLEASE INFORM THE SCHOOL NURSE.