



Chattahoochee County School District

Cusseta, GA 31805

Nurse Form

School Year _____ Grade Level _____ Enrollment/Start Date _____

Student's Name _____ Date of Birth _____
Last First Middle

Parent's Name _____

Address _____

Phone Numbers _____

Medical Information

	Yes	No
Food Allergies	_____	_____
Other Allergies	_____	_____
If Yes, please list allergy and reaction: _____		
My Child will have the following at school:		
Insulin	_____	_____
Epi-Pen	_____	_____
Inhaler	_____	_____
Medication	_____	_____

My Child has a history of or has been diagnosed with:		
	Yes	No
Seizures	_____	_____
Fainting Spells	_____	_____
Heart Problems	_____	_____
Diabetes	_____	_____
Kidney Problems	_____	_____
Concussions	_____	_____
Any other Medical Issues: _____		

*If **yes** to any of the information above, parents **MUST** sign an "**Authorization to Give Medication at School**" form and **any other corresponding medical forms**, before any medication will be given at school.

The parent/guardian must transport all medication to the School Nurse. All prescription medication must be in the original prescription bottle. A parent/ guardian is responsible for notifying School Nurse of any changes with student's medication.

_____ Initial

I give the School Nurse/staff member permission to administer Tylenol, Anti-acids, Benadryl, Throat Lozenges, or any other Over the Counter medication for minor complaints to my child while at school. I do hereby release Chattahoochee County School System & School Nurse/staff member from any adverse reaction that might occur as a result of taking these medications.

_____ Initial (Parent/Guardian must initial above & sign below for medication to be given at school.)

This form must be completed by a parent or guardian every school year.

Parent Signature

Date
