

The Country School

341 Opening Hill Road
Madison, CT 06443
203.421.3113 Ext. 111

Health History Update Academic Year 2010-2011

Student: _____ DOB: _____ Grade: _____

Pediatrician: _____ Phone Number: _____

Medical Diagnosis/Conditions: _____

Allergies (food, Environmental, Animals, Insects): _____

Drug Allergies: _____

Medication(s) taken at home: daily: _____

As needed: _____

Medication necessary at school: _____

Annual Medical Update:

Asthma: mild moderate severe exercise-induced



Inhaler needed in school: Yes No

Diabetes Seizure disorder bleeding disorder Migraine Head Aches

Other Pertinent Information:

Note: Please Inform the School Nurse promptly if there are any changes in the information provided on this medical form

Consent For Medication

Grades Pre-Kindergarten - Four

A fever reducing analgesic will **ONLY** be administered by the school nurse for a fever of **102°F** or greater when parent cannot be reached.

Acetaminophen (generic/Tylenol, brand) Oral Chewable or Liquid elixir-*dosage by child's wt.*

24-35 pounds-160mg 36-47pounds-240mg 48-59 pounds-320mg 60-100 pounds-480mg

I grant permission for the school nurse to administer the above dosage of acetaminophen to my child in the event of a fever while at school.

Parent/Guardian Signature: _____ Date: ____/____/20____

I request that in the event of a fever-
acetaminophen **NOT** to be administered
to my child while at school.

Parent/Guardian Signature: _____

Do Not Write Below This Line for Office Use

Date	Time	Oral Temp NF	Acetaminophen Dosage Chewable/Liquid	T/C to parent	Parent	D/C to home	Signature
				Yes/No			
				Yes/No			