

Mrs. Linda Brennick, RN, Head Nurse, Mrs. D. M. Clark, BSN, RN, NCSN, School Nurse,  
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### 2017-2018 Health Information and Over-the-Counter Medication Permission

**This form MUST be PRINTED and SIGNED by a parent/guardian. The signature is REQUIRED for nursing staff to provide ANY medications, including over-the-counter acetaminophen or ibuprofen, to students (per NH Board of Nursing). Electronic signatures CANNOT be accepted. NO medications will be provided without written parental permission.**

Student name: \_\_\_\_\_ ID #: \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**(PLEASE PRINT)**

Does your student have: ASTHMA? \_\_\_\_\_ DIABETES? \_\_\_\_\_ SEIZURES? \_\_\_\_\_  
NEED an EPI-PEN? \_\_\_\_\_

Please update any changes in health information during the past year:

Allergies: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Current medications: \_\_\_\_\_

Other problems/concerns (physical or emotional) or restrictions: \_\_\_\_\_

**ANY HEALTH INFORMATION CHANGES, PLEASE NOTIFY THE NURSING STAFF (603-437-5218)**

Current Physician/PCP: \_\_\_\_\_ Tel. # \_\_\_\_\_

Parent contact (name): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Second contact (name): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Only the OTC (over-the-counter) medications listed below are provided by the Health Services nursing staff. All other medications must be provided by parents (for additional information please see Health Services page at [www.pinkertonacademy.org](http://www.pinkertonacademy.org)).

**I give permission for PA nursing staff to provide one (or more) medications listed below during the current school year:**

**DATE:** \_\_\_\_\_

**SIGN BELOW for EACH OTC med. authorized**

Acetaminophen (generic for Tylenol)	<b>Choose ONE Only</b>	500 mg. (one tablet)	_____ (Signature)
		1000 mg. (two tablets)	_____ (Signature)
Ibuprofen (generic for Motrin/Advil)	<b>Choose ONE Only</b>	200 mg. (one tablet)	_____ (Signature)
		400 mg. (two tablets)	_____ (Signature)

**This form replaces the "Emergency Form" used in the past. Please mail it to Health Services as soon as possible.** Please update biographical and contact information via your Aspen account (or by calling Student Information Services, x1169). In event of an emergency, the nursing staff will contact you as soon as possible, but will not delay accessing emergency care at the local emergency room. Whenever possible, this form will accompany your student. The nursing staff may also contact your child's health care provider regarding immunizations, medications, etc. and follow their instructions as needed and make whatever arrangements appear necessary for the health and safety of your student (1/2018).

(First)

NAME OF STUDENT: (Last)