

Thomas County Schools – Student Information Update

HOUSEHOLD INFORMATION:

Physical Address: _____ Home Phone: _____

City/State/Zip: _____

Mailing Address: _____ Mother Email: _____

City/State/Zip: _____ Father Email: _____

Please list all students residing in this household:

	Date of Birth	School	Grade	Gender	Race
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PARENTAL INFORMATION:

1) Name: _____ Relationship to Student: _____ Lives with Student?: Yes No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

2) Name: _____ Relationship to Student: _____ Lives with Student?: Yes No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

EMERGENCY INFORMATION: Adults who may pick up student or be contacted in case of emergency if parent/guardian cannot be reached.

1) Name: _____ Relationship to Student: _____ Lives with Student?: Yes No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2) Name: _____ Relationship to Student: _____ Lives with Student?: Yes No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

3) Name: _____ Relationship to Student: _____ Lives with Student?: Yes No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

4) Name: _____ Relationship to Student: _____ Lives with Student?: Yes No

Home Phone: _____ Cell Phone: _____ Work Phone: _____

RESTRICTED CONTACT INFORMATION: List the names of any individuals who may NOT pick up your student. Legal documentation must be provided.

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Parent/Guardian Signature: _____ Date: _____

Asthma:

Does your child have Asthma? Yes _____ No _____

Will your child require an inhaler (rescue breather) at school? Yes _____ No _____

If **yes**: Your child will need to keep a rescue inhaler with him/her at all times or you must provide the clinic with a rescue inhaler for him/her to use as needed.

My child will have his/her inhaler (circle one): **With him/her** **In the clinic**

List the name(s) of your child's asthma medication(s): _____

List what may trigger an asthma attack in your child: _____

Allergies:

Please list any allergies that your child may have: _____

What type of reaction usually occurs? _____

What type of treatment is required? _____

Does your child's allergy require an EpiPen? Yes _____ No _____

Do you wish for your child to receive Benadryl in the case of an allergic reaction? Yes _____ No _____

If your child requires liquid Benadryl for an allergic reaction, you **must** be able to sign out your child from school.

Do you wish to give any special instructions in case of reaction? _____

If your child requires an Epi-Pen for severe allergic reactions you **must** provide the school with one for his/her use. In case of severe allergic reaction, 911 will be called and your child will be sent to the Emergency Room as noted below.

General Health: (Answer yes or no. If yes, please give details.)

Family doctor: _____ Phone: _____

Seizures yes ___ no ___ _____

Fainting spells yes ___ no ___ _____

Diabetes yes ___ no ___ If yes, Type 1 _____ or Type 2 _____

Heart problems yes ___ no ___ _____

Kidney problems yes ___ no ___ _____

Physical impairments yes ___ no ___ _____

Mental Health Concerns yes ___ no ___ _____

Medications presently taking: _____

Students will receive general first aid, which may include a number of topical and some oral agents. Parents may not always be contacted for minor first aid treatment unless the nursing office receives a request in writing from the parent. It is vital that the school nurse be made aware of any sensitivity or previous allergic reaction to any over-the-counter medication. Parents have the responsibility to inform the school of any changes in medication or medical condition. The school will not be held responsible for any medication lost by a student while transporting medication to school. **DO NOT SEND ANY TYPE OF MEDICATION TO SCHOOL WITH STUDENTS.**

In case of serious illness/injury/severe allergic reaction, the school will render first aid as prescribed by School Board Regulations while contacting the parent. If the situation is serious and a guardian cannot be found, the school will transport the child to Archbold Urgent Care Center or call 911 for the Emergency Medical unit to transport to the Archbold Memorial Hospital emergency room. Fees for transportation and medical services will be the responsibility of the parent/guardian.

I do hereby grant the school permission to administer Acetaminophen (Tylenol), Ibuprofen (Motrin) or its equivalent for minor complaints of pain. I understand that I must pick my child up from school if Liquid Benadryl (diphenhydramine) is given for an allergic reaction. Antacids (Tums) may also be given for an upset stomach or indigestion without further notification while at school throughout the school year. Other medications/topicals may include: antibiotic ointment, cough drops, oral anesthetic (ex. Orgel), aloe gel, anti-itch creams or gels, and pain relieving creams and/or sprays. I do hereby release the Thomas County School System and the school nurse from any adverse reactions that might occur as a result of administering the medications listed above.

I do hereby grant the school permission to conduct a hearing, vision, dental, and/or nutrition screening on my child if required and/or needed.

Signature of parent/legal guardian _____ Date _____