

## Park City School District Student Health Information

Name of Student (Last, First, Middle)	Date of Birth	(Circle) Male                  Female
Address (Street)	School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)

*To improve the wellbeing of your student in his/her educational setting, please provide the following information concerning any medical conditions which require special attention. All parents/guardians need to sign this form in all three places. Thank you for your cooperation!*

Physician(s) \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist(s) \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL HISTORY: PLEASE CHECK APPROPRIATE BOXES. IF YES, PLEASE COMMENT**

NO	YES	Health Concerns	Additional Information
		<b>Allergies (Food, Insects, Drugs, Latex, Seasonal)</b>  <b>List Allergies:</b>	<b>Antihistamine    Yes    No</b> <b>Epi Pen                Yes    No</b>
		<b>Asthma: Please circle one:</b> <b>MILD        MODERATE        SEVERE</b>	<i>Circle if needed at school:</i> <b>Inhaler    Nebulizer    Epi Pen</b>
		<b>Diabetes: Please circle one:</b>  <b>Type 1                  Type 11        Glucagon    Yes    No</b>	Insulin needed at school? Yes    No <b>Pump    Pen    Syringe</b>
		<b>Seizures (Epilepsy)    Date of last occurrence?</b>  <b>Type of Seizures:</b> <b>Does student have a Vagus Nerve Stimulator?    Yes    No</b>	Medication needed at school? <b>Diastat</b> <b>Nasal Versed</b> <b>Other</b>

		<b>Autism Spectrum Disorder</b>
		<b>Medication needed at school (use separate sheet of paper if needed)</b>  <b>Type: _____    Dosage: _____    When: _____</b>
		<b>Other Health Concerns:</b> (for example: CP, ADHD, etc)
		<b>Does your student require any special health care procedure or device at school?</b> (Feeding tube, catheter, wheelchair, hearing aid, etc)
		<b>Does your student have eye or vision problems? (explain)</b> <b>Wears Glasses?    Yes    No                  Wears Contacts?    Yes    No</b>

If your child has any of the health concerns or medication needs at school they will need a health care plan. The health care plan will need to be completed each year. A parent and physician signature is required. Please contact your student's school nurse if you have any questions or for the appropriate forms.

Health Care Plan (HCP) forms are available online at <http://www.pcschools.us/index.php?page=143> or go to the District web page [www.pcschools.us](http://www.pcschools.us) Departments>Health Services>Health Care Plans.

**Parent/Guardian Acknowledgment:**

- I understand that in case of accident/injury/illness to my student, the school will call an ambulance if deemed necessary. The school is not responsible for related costs.
- I understand that the school/district does not carry insurance on students. Supplemental insurance is available for purchase and these forms may be picked up at any school.
- I also understand that all students entering Park City School District must be up-to-date on immunizations or have the proper exemption documentation provided by Summit County Health Department, and grades K-3 must have a current vision screening.

\_\_\_\_\_ X Signature of Parent/Guardian

\_\_\_\_\_ Date

Name of Child (Last, First, Middle)

**If it is determined that my child needs a Health Care Plan, I understand that...**

- As a parent/guardian of the above named student, I give my permission to the school nurse to contact my child's health care provider.
- I give permission for my child's health care provider to share information with the school nurse for the completion of the Health Care Plan.
- I understand that the information contained in this plan will be shared with school staff on a need-to-know basis.
- Parent/guardian is responsible for maintaining necessary supplies, medications and equipment.

*I have read the above information.*

\_\_\_\_\_

X Parent/Guardian Signature

\_\_\_\_\_

Date

\*My student is covered under medical insurance: (please circle) Yes No Medicaid CHIP Other

**Medication During School Hours**

Park City School District recognizes that parents or guardians have the primary responsibility for administering medication. However, from time to time a student will require assistance with medication during school hours due to medical condition. In keeping with 53A-11-601, Utah Code, the following procedures have been adopted by Park City School District Board of Education in order to provide for the administration of medication by school personnel. Your school principal or designee will provide you with needed assistance should this help be required for your student.

- In the event your student should require such help, you as the parent or guardian of the student must submit a completed signed and dated Medication Permission form to the school principal. This authorization form also requires information from the student's health care provider regarding the methods, amounts, duration, time schedule and possible side effects of the prescribed medication.
- Parents/guardian or an authorized adult (NOT A STUDENT) must bring the prescription and/or nonprescription medication to school in the original container properly labeled with student's name on container. This is to assure that the proper medication will be administered to your student. Parents must provide an adequate supply of medication to avoid interruption of treatment.
- School personnel who provide assistance as described above in substantial compliance with the licensed health care provider's written statement, are not liable, civilly or criminally, for any adverse reaction suffered by the student as a result of taking the medication or for discontinuing the administration of the medication per parent request.
- Your school principal will designate staff to administer medication. In addition, the school administration, in compliance with Board policy, will assume that only students with a current, completed, signed and dated Medication Permission form will receive help from the school staff in the administration of medication.
- District policy prohibits grades K-7 from self-administering or carrying a one-day dosage of medication except for asthma inhalers, insulin and supplies, epinephrine auto-injectors, or pancreatic enzymes. Students in grades 8-12 may not carry prescription medication on their person but may carry a one-day supply of nonprescription medication in the original container for their personal use only. Narcotic pain medication shall not be kept at school, nor administered by school personnel. Medication may not be shared. Any misuse of such medication may subject the student to disciplinary action under the District's Safe Schools Policy.
- Medication Permission forms are available at your school or one the District's web site: [www.pcschools.us](http://www.pcschools.us). Go to Departments>Health Services>Health Care Plans>Medication Administration Authorization Forms.

*I have read the above information.*

\_\_\_\_\_

X Parent/Guardian Signature

\_\_\_\_\_

Date