

LAKELAND SCHOOL
MEDICAL CONSENT / INFORMATION FORM – 2016 – 2017 SCHOOL YEAR

STUDENT'S NAME: _____ DATE OF BIRTH: _____

ALLERGIES: NONE YES - PLEASE EXPLAIN: _____

MEDICATIONS: NONE YES - PLEASE LIST ALL GIVEN AT HOME AND AT SCHOOL: _____

ANY MEDICAL CONCERNS (ASTHMA, HEART, SEIZURES, ETC.): NONE YES - PLEASE EXPLAIN: _____

IF YOUR CHILD HAS SEIZURES, PLEASE COMPLETE THE BACK SIDE OF THIS PAPER. >>>>

ANY SURGERY WITHIN SIX MONTHS: NONE YES - PLEASE EXPLAIN: _____

PHYSICAL ACTIVITY RESTRICTIONS: (INCLUDING GYM, SWIMMING, WEIGHT BEARING, MOVEMENT LIMITATIONS, ETC.)

NONE YES - PLEASE EXPLAIN. A DOCTOR'S EXCUSE WILL BE REQUIRED IF RESTRICTED. _____

EATING RESTRICTIONS – ANY FOOD RESTRICTIONS OR SWALLOWING PROBLEMS: NONE YES - PLEASE EXPLAIN: _____

VISION: DOES YOUR CHILD WEAR GLASSES? NO YES CONTACT LENSES? NO YES

HEARING: DOES YOUR CHILD REQUIRE HEARING AIDS? NO YES

DOES YOUR CHILD RECEIVE OUTSIDE THERAPY, SUCH AS OT, PT, SPEECH? NO YES - WHERE? _____

LAKELAND SCHOOL requires that your doctor provide instruction (orders) regarding any prescription your child takes while at school or school sponsored function. Other medications, as listed below, will be given with parent/guardian consent. Please notify the school immediately if any of the below information changes. As the parents/legal guardians of the above named student, I give consent/permission for:

1. Yes No Administration of Tylenol (Acetaminophen) per product instructions.
2. Yes No Administration of Ibuprofen (Advil, Motrin) per product instructions.
3. Yes No Administration of Benadryl per product instructions.
4. Yes No Administration of Hydrocortisone Cream 1% per product instructions.
5. Yes No A & D Ointment per product recommendations.
6. Yes No Cough / Sore Throat Lozenges per product recommendations.
7. Yes No Sunscreen per product recommendations.
8. Yes No Administration of Insect Repellent per manufacturer's instructions.
9. Yes No Antacid Tablets (TUMS) per product instructions.
10. Yes No Lakeland School and/or hospital to provide necessary medical and/or emergency care.
11. Yes No I give my permission for the hospital to release information on my child to Lakeland School in the event of an emergency.
12. Yes No If your child has a g-tube and it should come out: ___ Nurse should replace it. ___ Call parent to replace it. Other: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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