Jefferson County Public Schools (JCPS)
Consent for Nursing Treatment and Health History Form
2018-2019 **Side 1**

Dear Parent/Guardian,

JCPS School Nurses are able to treat children and give medicines to children if needed for injuries or sickness. Medicines can only be given with parent/guardian permission. Health history information (on the backside of this form) must be filled out before any medication will be given. **Only** the school nurse can give children these medicines. School staff **cannot** give the medication if the nurse is not available or absent. The nurse will try to contact parents before any medication is given and let them know anytime it is given. **Medicines cannot be given for more than three days in a row without a note from your child's healthcare provider.** Please look over the medicines below and cross out any you do not want your child to receive by the nurse. Also, please be sure to answer all the questions on this form.

Name of Student: _____ Date of Birth:_____ Grade/Teacher: _____

Please list any medications your child is allergic to**:** _____

Cross out any Medications below you DO NOT want your child to receive.

Albuterol Nebulizer Solution
Acetaminophen (Tylenol)
Ibuprofen (Motrin)
Diphenhydramine (Benadryl) only for allergic reactions
Midol (only for students age 12 and older)
Tums
Cough Drops/Throat Lozenges
Topical Antiseptic (Benzalkonium Chloride)
Hydrogen Peroxide
Lip Ointment (Chapstick/Carmex/Blistex/Vaseline, etc)
Lotion
Hydrocortisone Cream 1%
Antibiotic Ointment (Neosporin/Bacitracin, etc)
Burn Cream
Sting Relief Swabs
Topical mouth/tooth pain relievers (Orajel/Anbesol)
Eye Wash, Irrigating Solution

The school nurse may give any of the Medications listed above (that are not crossed out) to my child as needed for first aid and/or treatment. (CIRCLE ONE) YES NO

**Please list all of the medicines that your child takes on a regular basis on the back of this form.

If you have any questions, please call JCPS Health Services at 485-3387

REMINDER:

- **THE MEDICATIONS LISTED ABOVE WILL ONLY BE GIVEN BY LICENSED MEDICAL PERSONNEL (LICENSED PRACTICAL NURSE, REGISTERED NURSE, AND/OR ADVANCED PRACTICE REGISTERED NURSE) WHEN THEY ARE AVAILABLE IN THE BUILDING. SCHOOL STAFF CANNOT GIVE ANY OF THESE MEDICATIONS IF THE NURSE IS NOT AVAILABLE OR IS ABSENT.**
- **NO OTHER JCPS EMPLOYEE MAY GIVE THESE MEDICATIONS.**
- **MEDICATIONS CANNOT BE GIVEN FOR MORE THAN THREE DAYS IN A ROW WITHOUT A NOTE FROM YOUR CHILD'S HEALTHCARE PROVIDER.**

I hereby give permission for the above information to be verified with my healthcare provider. Signing this form shall release the Jefferson County Public School District and staff members from any liability of any nature that might result from the administration of medication to the student.

_____	_____	_____	_____
Signature of Parent/Guardian	**Telephone # (Home/Cell)**	**Telephone # (Work)**	**Date**
_____	_____	_____	
Emergency Contact	**Relationship**	**Telephone #**	

REVISED 5/2/18

Jefferson County Public Schools (JCPS)
Consent for Nursing Treatment and Health History Form
2018-2019 **Side 2**

To be completed by parent/guardian (Please complete both sides of form)

Name of Student:_____ Date of Birth:_____ Grade: ____Sex: ☐ Male ☐ Female
Teacher: _____ School: _____
Parent/Guardian:_____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Address: _____
Emergency Contact: _____ Phone: _____
Student's Healthcare Provider: _____ Phone: _____
Pharmacy Name: _____ Phone: _____

☐ No ☐ Yes Does your child have health insurance?
If Yes, What insurance? ☐ Passport ☐WellCare ☐CareSource ☐ Aetna ☐Anthem
☐Other _____ ☐ my child does not have health insurance
☐ No ☐ Yes **Glasses/Contacts**, Date/Place of last eye exam:_____
☐ No ☐ Yes **Hearing aids**, Date/Place of last hearing exam:_____
☐ No ☐ Yes **Dental** Problems, Date/Place of last dental exam: _____

Daily Medications
JCPS requires a signed medication authorization form be on file before any medication (prescription or over-the-counter) can be given at school. A form is available from the school nurse or on the district website.

Please list all medications taken at home and/or at school: _____
_____

Health Conditions
JCPS requires that students with health conditions have a Primary Care Provider (PCP) Form/School Health Plan (SHP) on file at school. PCP forms/ SHP's must be signed by the Health Care Provider and Parent/Guardian. PCP forms/ SHP's are available from the school nurse or on the district website.

Chronic Health Conditions (WILL require completed and signed Primary Care Provider (PCP) Form/School Health Plan)
Please check all that apply:
☐ No ☐ Yes **Severe Asthma: takes daily medication (i.e. Inhaler) for Asthma or hospitalized within last year for Asthma**
☐ No ☐ Yes **Asthma: takes medication (i.e. Inhaler) only when needed**
☐ No ☐ Yes **Severe Food Allergy (nuts, eggs, shellfish, etc) (list):_____ Epipen Required: _____**
☐ No ☐ Yes **Severe Allergic reaction to Bee Stings Epipen Required: _____**
☐ No ☐ Yes **Other Severe Allergies (list): _____ Epipen Required: _____**
☐ No ☐ Yes **Diabetes**
☐ No ☐ Yes **Seizure Disorder:**
Type of Seizures and date of last Seizure: _____
☐ No ☐ Yes **Illnesses, operations, surgeries**
Describe/Explain: _____
☐ No ☐ Yes **Cancer, blood disorders**
Describe/Explain:_____
☐ No ☐ Yes **Heart Condition**: _____
☐ No ☐ Yes **Behavioral/Emotional Concerns**:_____
☐ No ☐ Yes **Orthopedic Condition**: _____
☐ No ☐ Yes **Other Health Concerns**: _____

Does your child have any other condition that would effect/affect him/her in the classroom or during P.E. activities?
☐ No ☐Yes If yes, explain: _____

I hereby give permission for the school to verify the above information and for the student's health care provider (as listed on this form) to release required medical records (immunization records, preventative health care exams, dental exams, vision exams, etc.) to the school nurse. I hereby give permission to JCPS staff to add student immunization information into the Kentucky Immunization Registry.

_____ _____ _____
Parent/Guardian Name (Please Print) **Parent/Guardian Signature** **Date**

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