


One Chalet Drive, P.O. Box 1149
Wilton, New Hampshire 03086
603-654-8088

Check which school student will attend

 **LYNDEBOROUGH CENTRAL SCHOOL**
192 Forest Road
Lyndeborough, NH 03082
Phone: 603-654-9381
FAX: 603-654-6884

FLORENCE RIDEOUT ELEMENTARY SCHOOL
18 Tremont St, P.O.Box 430
Wilton, NH 03086
Phone: 603-654-6714
FAX: 603-654-2081

**WILTON-LYNDEBOROUGH COOPERATIVE
MIDDLE SCHOOL/HIGH SCHOOL**
57 School Rd
Wilton, NH 03086
603-654-6123
FAX: 603-654-2104

Last Name

First Name

Middle

DOB

Current Grade

☐ Male

☐ Female

School Year: _____

Primary Care Provider: _____ Phone: _____

Specialist?: _____ Phone: _____

Family Dentist: _____ Phone: _____

Does your child have dental and health insurance? ☐ YES ☐ NO

If no, would you like information about finding coverage? ☐ YES ☐ NO

Please check all that apply to your student

| | | | |
|---|--|--|---|
| <input type="checkbox"/> (!)Asthma | <input type="checkbox"/> (!)EpiPen Prescribed | <input type="checkbox"/> Chronic Nose Bleeds | <input type="checkbox"/> Past Concussion(s) |
| <input type="checkbox"/> (!)Cardiac Condition | <input type="checkbox"/> (!)Seizures | <input type="checkbox"/> Fainting/Blacking Out | <input type="checkbox"/> Wears Glasses/Contacts |
| <input type="checkbox"/> (!)Diabetes | <input type="checkbox"/> Back or Neck Injuries | <input type="checkbox"/> Frequent Strep Throat | <input type="checkbox"/> Wears Hearing Aids |

(!)Allergy to:

Daily medication taken at home? ☐ YES ☐ NO

If YES, please list name, dosage, and frequency

(!)Prescription medication needed during the school day? ☐ YES ☐ NO

If YES, please list name, dosage, frequency AND contact your school's nurse asap.

MEDICATION CANNOT BE ADMINISTERED, USED, OR CARRIED BY THE STUDENT WITHOUT WRITTEN CONSENT FROM BOTH THE PARENT/GUARDIAN AND A HEALTH CARE PROVIDER.

If your child has a different health issue not listed above, please provide any needed information here:

Student Name:

Last Name

First Name

D/O/B

OVER-THE-COUNTER (OTC) MEDICATIONS: All medications given by the school nurse require written consent from a parent/guardian. Below are the OTC medications available in the Health Office.

Please do not add medications to the list, if a medication is not listed, it is not stocked.

Please check each medication that your child may receive.

I give permission for my child to receive the following over-the-counter medications at school:

☐ Advil (*Ibuprofen*)

☐ Cough Drops/Throat Lozenge

☐ Bacitracin (*Antibiotic ointment*)

☐ Insect Sting Swab

☐ Benadryl (*Diphenhydramine*)

☐ Lip Balm/Vaseline

☐ Burn Gel

☐ Tums

☐ Caladryl Lotion

☐ Tylenol (*Acetaminophen*)

(Note: The OTC Medications listed above may not be available at each school).

CONSENTS: Please read and initial each statement and then sign the form

I give consent for the above indicated medications to be given as instructed on the label. To the best of my knowledge, my child has no allergy to the selected medications. I agree to hold harmless SAU63 School District for any side effects which may occur as a result of taking the above indicated medications .

INITIALS: _____

I give my child's primary care provider and/or specialist permission to share information with the school nurse including but not limited to diagnosis, treatment plan, and medication administration.

INITIALS: _____

I give the nurse permission to inform SAU63 employees in direct contact with my child of their health issues on a need to know basis if it impacts their safety.

INITIALS: _____

In case of accident or a serious illness, I understand that the school will try to contact me first. If the school is unable to reach me or if the illness becomes acute, I understand that my child will be transported by ambulance, if necessary. I understand that a fee may be involved. I give permission for SAU63 employees to provide general First Aid. I give permission for EMS to stabilize, transport, and evaluate my child's condition until a parent can be reached or his/her primary care provider can direct further care.

INITIALS: _____