SACRED HEART SCHOOL
HAMPTON | NEW HAMPSHIRE

STUDENT HEALTH INFORMATION

SCHOOL YEAR _____

Student Last Name:	Student First Name:	Date of Birth	Grade

REQUIRED DOCUMENTS: All NEW students must provide a copy of their **most recent physical with immunizations** listed (dated 6/30/2021 or newer). Returning students are required to submit updated physicals with immunizations each school year, usually after your child's annual well visit with their pediatrician. If you have a question regarding the dates of any physicals already turned in, please reach out to the nurse at **healthoffice@shshampton.org**.

POTASSIUM IODIDE (KI) PERMISSION: I give permission for my child to receive potassium iodide in the event of a radiological emergency if directed by the Town of Hampton Emergency Operations Center and authorized by the NH DHHS, and as outlined in the SHS handbook (please circle): **YES NO**
Information about what KI does and how it protects individuals may be found at **www.readyNH.gov**.

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION: Sacred Heart School Health Office has several over-the-counter medications available. The dosage given will never exceed label directions. Please indicate below your preference in administering these to your child.

_____ I give permission for the school nurse, or her designee, to use their discretion in administering the following over- the-counter medications (circle all that apply): ***Acetaminophen Ibuprofen Tums Benadryl Cough Drop***

_____ I do NOT give permission for the school nurse, or her designee, to administer over the counter medications.

Parent/Guardian Signature: _____ Date: _____

If your child requires the use of an over-the-counter medication (including topical treatments) not available through the Health Office, parents/guardians may supply their own. Over the counter medications must be in the original container and labeled with the student's name. The parent or guardian must also provide written permission including dosage/application instructions to the nurse. Please note that dosage given cannot exceed label directions. *Please contact the nurse to discuss your child's needs and to obtain the required form.*

PRESCRIPTION MEDICATION: The Sacred Heart School medication policy follows NH state law. Medication should not be taken during school hours if it is possible to achieve the regimen at home. When prescription medication is required during the school day a written order from the licensed prescriber is required for each medication. All prescription medication must be delivered to school personnel by the parent or guardian. The medication should be in a pharmacy labeled container listing the student's name, the name of the medication, and instructions. Not more than a 30-day supply will be accepted. Upon receipt, all medication will be counted and recorded. *Please contact the nurse to discuss your child's needs and to obtain the required forms.*

ALLERGIES: If your child has allergies, please list them below. For life threatening allergies, an Emergency Action Plan is required. If your child requires an EpiPen for their allergies a written order from a licensed prescriber and 2 EpiPens must be provided to the nurse. *Please contact the nurse to discuss your child's needs and to obtain the required forms.*

Allergy	Reaction	Treatment
Allergy	Reaction	Treatment
Allergy	Reaction	Treatment
Allergy	Reaction	Treatment

STUDENT HEALTH INFORMATION (cont.)

Student Last Name:	Student First Name:	Date of Birth	Grade

OTHER HEALTH CONDITIONS: If you child has other health conditions, such as asthma, ADHD, migraines, anxiety, etc. please indicate below:

Condition	Well controlled? YES or NO	Treatment
Condition	Well controlled? YES or NO	Treatment
Condition	Well controlled? YES or NO	Treatment
Condition	Well controlled? YES or NO	Treatment

DAILY MEDICATIONS: Please list any medication your child takes on a regular basis (e.g., seasonal allergy meds, inhalers, ADHD meds, etc.):

Medication	Dose	Frequency
Medication	Dose	Frequency
Medication	Dose	Frequency
Medication	Dose	Frequency

ADDITIONAL INFORMATION: If you wish to provide any additional information that will help the school nurse to keep your child safe and healthy, please indicate below or attach an additional sheet.

_____
_____
_____
_____
_____
_____

School nursing is a specialized practice in professional nursing that advances the wellbeing, academic success, and lifelong achievement of students. Collaboration with parents and guardians is key in maintaining your child's health and safety while at school. Please contact the nurse with any questions or concerns regarding your child.

Thank you for taking the time to provide your student's health information.

SACRED HEART SCHOOL HEALTH OFFICE

healthoffice@shshampton.org