

3. Is an Epi-Pen needed for acute allergic reactions? Yes No

(If yes, supply nurse with 2 pens)

4. Is your child asthmatic? Yes No Carries Inhaler? Yes No

(Supply nurse with extra rescue inhaler)

5. May your child receive *Tylenol* Yes / No *Advil* Yes / No *Antacid* Yes / No

6. Date of your child's most recent tetanus toxoid immunization_____

7. Are the pediatric Immunizations up to date?_____

8. Last Physical Exam?_____

9. Current Medical history:

Any problems with :

Anemia Asthma Diabetes Heart Problems Sickle Cell Other:

Explain:_____

Any other information concerning you child you believe the Nurse should have or any additional pertinent information that might allow for us to better care for your child, especially any physical restrictions?

10. Current weight_____ Height_____

Insurance Information:

11. Please check one of the following:

My child is covered by the following insurance.

Name of Insurance Company	Policy Number	Group Number
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My child is not covered by any health and/or accident insurance.

PLEASE SIGN THE FORM BELOW

Note: Emergencies, which require immediate attention and is out of the Nurses' practice guidelines will be treated at the nearest hospital. Parents will be contacted as soon as possible.

In case of an emergency, I give permission for my child _____ to be taken to the nearest medical center/hospital. Cost for this service will be billed directly to the parent and/or indicated insurance carrier. Those not carrying insurance will be expected to pay for the service upon receipt of the bill. I will not hold North Penn Music Aides, Inc. or North Penn School District responsible for any accidents and/or injuries suffered by the above named student.

Parent/Guardian Signature _____ Date _____

Parent may be reached at the following telephone numbers:

	Home Phone #	Work Phone #	Cell Phone#
Mother			
Father			
Guardian			
Other:			

In Case of an Emergency if I cannot be reached immediately, please call:

Name _____ Phone _____

Relationship _____