



## Hanover Public Schools Health Services

### Confidential Medical Information

*The following information will be shared with school personnel, contractors and emergency services on a need-to-know basis to serve safety and educational needs.*

Student Name: \_\_\_\_\_

Health/Medical Concerns: \_\_\_\_\_

Medications taken at home and/or school: \_\_\_\_\_

Known allergies: \_\_\_\_\_

### Health Provider Information

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dental Insurance Information: \_\_\_\_\_

### Medical Authorizations

I authorize the school nurse to dispense the following over-the-counter medications to my child during the school year. I understand dosage will be age/weight appropriate, as directed by the school physician and at the nurses' discretion, according to Hanover Schools Health guidelines and policy.

***Please check all that apply***

<input type="checkbox"/> Bacitracin ointment for puncture wound or dirty abrasion	<input type="checkbox"/> Diphenhydramine (Benadryl) for signs/symptoms of an allergic reaction
<input type="checkbox"/> Hydrocortisone cream for relief of itching due to minor skin irritation	<input type="checkbox"/> Ibuprofen* (Motrin) for pain
<input type="checkbox"/> Tums Tablets*	<input type="checkbox"/> Acetaminophen* (Tylenol) for pain
<input type="checkbox"/> Student may apply own sunscreen**	<input type="checkbox"/> Student may apply own insect repellent**

I authorize the school nurse to provide nursing assessment and first aid as needed. I also authorize the school nurse to call my child's health provider/dentist if I cannot be reached and such a call is indicated. If necessary, the school should make whatever arrangements are needed to protect my child's safety and well-being.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

*\*Tylenol, Ibuprofen and TUMS may not exceed two doses/day for two consecutive days. More frequent use requires a note from a parent/guardian.*

*\*\* If needed, parents/guardians must deliver the student's own supply of sunscreen and/or insect repellent to the health office. Insect repellent must contain no more than 30% DEET. Combination sunscreen/insect repellents cannot be used because it may cause an over-exposure to insect repellent*