



Hanover Public Schools Health Services
Confidential Medical Information
2020 - 2021 School Year

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"/> Cough drops**	<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 sunscreen**	<input type="checkbox"/> Student may apply insect repellent**
<input type="checkbox"/> Hydrocortisone cream for relief of itching due to minor skin irritation	
If soap and water are not readily available for handwashing, students will be provided an alcohol-based hand sanitizer. Please notify your school nurse if you do not want your child to use an alcohol-based hand sanitizer.	

**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 cough drops, 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

Consents

I authorize the school nurse to provide nursing assessment, treatment 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, including calling 911 and arranging transportation to the hospital.

Check and Initial

I agree to assess my child's health at home every day, and if they display the following symptoms, keep them home from school and contact the school nurse.

Symptoms of COVID-19

- Fever (100.0 F or higher), chills
- Cough (not due to other known source)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Muscle aches or body aches
- Nausea, vomiting, diarrhea
- *Headache**
- *Fatigue**
- *Nasal congestion or runny nose**

** When in combination with other symptoms*

Check and Initial

I agree that at least one of the emergency contacts listed in Aspen will be available to pick up my child within 30 minutes if they become ill or injured at school.

Check and Initial

Signature of parent/guardian

Date