



# Hill View Montessori Student Health Form

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### Medical Treatment

In case of an emergency, HVM will make every effort to contact the parent/guardian. In the event we are unable to contact the parent/guardian, your child will be transported by ambulance to the nearest medical care facility and/or to \_\_\_\_\_ Hospital.

*(Please specify preferred hospital)*

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please check all that apply to your child:

Diabetes  Asthma  Seizure Disorder  ADD/ADHD  Other: \_\_\_\_\_

Hospitalizations/Surgeries: \_\_\_\_\_

Allergies (food, insects, medication, environment):  
\_\_\_\_\_  
\_\_\_\_\_

My child currently receives the following medication(s) **AT HOME**:

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_ Why?/Diagnosis: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_ Why?/Diagnosis: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_ Why?/Diagnosis: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ How Often: \_\_\_\_\_ Why?/Diagnosis: \_\_\_\_\_

If your child will need to have medication(s) administered **AT SCHOOL**, you must contact the School Nurse to have the proper plans in place, **ONLY** the school nurse may administer medication to your child.

### Permission to Administer Over the Counter Medication

I give the School Nurse permission to administer the following over the counter medications in accordance with established protocols. *(Check all that apply)*

Ibuprofen/Motrin, Advil  Acetaminophen/Tylenol  Tums  Benadryl

### HIPAA/FERPA Notice Information

I give permission to the School Nurse to share information relevant to my child's health condition and medication with appropriate HVM staff or contracted person coming in contact with my child, to meet my child's health and safety needs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Expires at the end of the current school year)*

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Daytime Phone Number: \_\_\_\_\_