

# Mid-Buchanan R-V Health Form

\_\_\_\_\_

**Initial & Date**      **Initial & Date**      **Initial & Date**      **Initial & Date**      **Initial & Date**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ Male      \_\_\_\_\_ Female      **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

List names of siblings in the school and their grade level if known:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**List any Medical Allergies:** \_\_\_\_\_

**List any Food Allergies:** \_\_\_\_\_

**Medical Conditions and Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL OUT THE BACK SIDE OF THIS FORM**

**Please initial items below.**

\_\_\_\_\_ I give my permission for my child, \_\_\_\_\_, to receive acetaminophen (Tylenol or other equivalent generic brand) and other over the counter medications for any of the following reasons:

- a) Temperature of 100 degrees or greater
- b) Headache
- c) Toothache or any type of orthodontic work
- d) Minor aches/pains (including stomach aches)
- e) Menstrual cramps
- f) Cough, cold symptoms, sore throat, or earaches related to the common cold
- g) Minor cuts and abrasions
- h) Rashes (Examples: insect bites, poison ivy, etc.)

**YES    NO    PLEASE CALL PARENT BEFORE GIVING MEDICATION**

The school nurse (or health aide in the case of the school nurse's absence) will assess the situation and dispense the medication when appropriate. The proper dose will be determined according to the manufacturer's recommended dosing guidelines. For grades Pre-K through 6<sup>th</sup> grade, the parent will be informed **by note or phone call** as to why the medication was given and time the medication was given.

\_\_\_\_\_ **In case of emergency, I give permission for my child to be taken to the nearest hospital.** I do hereby authorize officials of Mid-Buchanan R-V District to contact the persons named on this form that they may authorize treatment as may be deemed necessary in an emergency, for the health of the child. **In the event**, parents and emergency contacts cannot be contacted, after reasonable effort, the school officials are authorized to take whatever action is deemed necessary in their judgement, for the health of the child. **I will not hold the school district financially responsible for the emergency care and/or transportation for my child.**

\_\_\_\_\_ **I understand** that it is my responsibility, as a parent, to notify the school nurse if there is any change in the medical status of my child and that the school will rely upon the information I have given during the time my child attends Mid-Buchanan R-V Schools.

\_\_\_\_\_ **I hereby authorize** any physician to release medical information to the Mid-Buchanan school nurse with presentation or copy of this release.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Healthcare and Health Education Confidentiality

Please read the following very carefully. This form is to insure the confidentiality of your child throughout the school year. Due to the confidentiality laws now on effect, we must have your permission for the following three issues.

**Yes**     **No** My child may attend the health fair. I know a volunteer may screen my child for height and weight. During the health fair, a volunteer may have access to his or her health record as needed for the health fair.

**Yes**     **No** My child will be allowed to be in the classroom for health classes throughout the school year. Current health issues will be discussed and may involve AIDS prevention (age appropriate 4<sup>th</sup>-6<sup>th</sup> grades) and sex education (age appropriate 4<sup>th</sup> -6<sup>th</sup> grades) as required by law. Sex education or related subjects WILL NOT be taught to Pre-K----3<sup>rd</sup> grades.

**Yes**     **No** My child's teacher can be allowed the information of treatment and care from the nurse and/or health aides in writing or by phone calls. This includes frequent head lice screenings that may be performed by a volunteer.

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE SEE BACK)

Dear Parent or Guardian:

A preventative oral health program is available through the Missouri Department of Health and Senior Services and Mid-Buchanan R-V School District. This program is offered to **all** children in the state of Missouri, including those who receive regular dental care.

A licensed dental professional will provide an oral screening for your child and a trained volunteer will apply a thin coating of fluoride varnish to your child's teeth as a preventative measure against tooth decay. This thin coating of fluoride varnish will be applied **twice** during the school year. Fluoride varnish has been proven to be safe and effective in preventing and reversing small areas of early tooth decay. This preventive program also includes a free toothbrush and oral health information.

**\*\*\*This service does not replace a regular dental check-up,  
which is recommended at least once a year.\*\*\***

To receive this **no cost** screening and fluoride varnish application, you must provide consent.

**Yes**, I want my child to receive a dental screening and two applications of fluoride approximately three to six months apart.

**Yes**, I want my child to have the dental screening, but I do NOT want my child to have the fluoride varnish.

**No**, I do not want my child to participate in this program.

Child's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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