

YORK PUBLIC SCHOOLS

Dear Parent/Guardian:

A Medication Permission Form is to be signed by the parent or guardian and returned to the school if you would like your student to be able to receive Acetaminophen, without you being contacted, for minor health concerns. By signing and returning this form, we will be able to administer Acetaminophen pain reliever to your student for an occasional headache or other mild discomfort. A current form is required for each new school year. Without this form, the school cannot give your student acetaminophen without contacting you for permission. **If this permission form is completed, the school may also provide as needed: generic antibiotic ointment, generic chewable antacid tabs, and generic anti-itch lotion. Please notify the nurse should you NOT want these medications to be given to your student.**

All efforts should be made for students to take routine medication at home. If your student needs to take prescription or non-prescription medication at school, this medication must be brought to the office by an adult. This medication must be in its original packaging and accompanied by the appropriate permission form completed by the parent/guardian as to how/when it should be administered.

A health history questionnaire is located on the reverse side of this form. **Please complete the health history portion and return to the school health office even if you choose not to complete the Acetaminophen permission form.**

If your student has a chronic health condition such as Asthma, Life-Threatening Allergy, Seizures, Diabetes or any other health concern that may impact your student's school day, please contact the nurse by email or phone during the weeks prior to the first day of school so that medical information may be reviewed. This information will assist us in coordinating care for your student during the time that he/she is at school.

Please return this form to the front office at your child's school. If you have any questions, please contact Sue Arnold, RN or Atley Henderson, RN at 402-362-6655

ACETAMINOPHEN (TYLENOL) PERMISSION FORM

I give permission to York Public Schools to administer generic acetaminophen (Tylenol) to my child

_____ as needed for occasional discomfort, fever or headache for this

school year, **2024-2025**.

Parent / Guardian

Date

York Public Schools Health History

Student's name _____

Sex

Date of birth

Male

Female

/

/

Student Health Conditions

YES, my child receives regular medical/health care for the following conditions: **NO** medical conditions

Allergies

Diabetes

Seizure disorder

Asthma

Depression

Sickle cell anemia

ADD/ADHD

Multiple Ear Infections

Skin conditions

Autism

Emotional concerns

Speech problems

Behavior concerns

Headaches

Traumatic brain injury

Birth/congenital malformations

Heart problems

Uses inhaler/nebulizer

Bone/muscle/joint problems

Hemophilia

Vision problems (glasses, contacts)

Blood problems

Juvenile arthritis

Other _____

Bowel/bladder problems

Nose Bleeds

Other _____

Cancer

Migraines

Other _____

Cystic fibrosis

Neuromuscular disorder

Other _____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Please list if your child carries/uses an epipen

Allergy type

Reaction

School restrictions or recommended actions

Bee/Insect

Food

Medication

Other

Please list any prescription and over the counter medication that your child takes on a regular basis.

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes

No

If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes

No

If YES, please explain.

Child's health insurance: ___ None

___ Medicaid/Kid's Connection

___ Private/Commercial/Employer

Date of last dental exam _____

Date of last eye exam _____

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form Completed by _____ **Relationship to Student** _____ **Date** _____