



## Medical Permissions & Health Information 2022-2023 School Year

Student Name: \_\_\_\_\_ 2022-2023 Grade: \_\_\_\_\_

### **Permission to Treat:**

I authorize the school personnel to deliver to my child standard first aid for injuries and symptoms of illness during the school day.

Yes  No Initials: \_\_\_\_\_

Please list any health-related information for your child that the school nurse should be aware of, this includes daily medications, chronic health conditions, medication allergies, food allergies, etc. *If your child has diabetes, asthma, food allergies, or the need for an Epi-Pen, inhaler, or other medication while at school, additional forms will need to be completed.* These additional forms can be found on the school's website.

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### **Permission to Share Pertinent Medical Information:**

Do you give SJHC school nurse permission to share the above pertinent medical information on your child with teachers and staff members who may have contact with your child during the school hours?

Yes  No Initials: \_\_\_\_\_

By signing below, I agree that to the best of my knowledge the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested on this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date