**HEALTH HISTORY AND STANDING ORDER MEDICATIONS**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_

*Please complete the following information for CASA to provide appropriate and safe care during the school day and in case of emergencies.*

**HEALTH HISTORY:** (List any serious communicable illness, operation, injury, or special health problems, such as asthma, cardiac conditions, diabetes, food/diet issues, mental health concerns, seizures,

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**ALLERGIES**: (Environmental, medication, or foods)

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**MEDICATIONS:** (List/attach a list of any medications your child is taking regularly or for emergencies)

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*The school nurse, other licensed healthcare professional, principal or their designee, may administer the following over-the-counter medications, with parental/guardian permission, to students during school. A current year’s signed copy of this form must be on file in the nurse’s office. This consent covers occasional use only & medications will be given at the nurse’s discretion.* ***Individual medication orders from your child’s health care provider will be needed for daily/regular use, or other medications.*** *New orders must be received for each school year. CASA’s medication form is on the school’s website under resources.*

Guardian/Parent must check medications to be administered:

 \_\_\_\_\_\_\_\_ Acetaminophen (Tylenol)

 \_\_\_\_\_\_\_\_ Ibuprofen (Advil/Motrin)

 \_\_\_\_\_\_\_\_ Calcium Carbonate (Tums)

\_\_\_\_\_\_\_\_ Generic Midol Complete or Pamprin Multi-Symptom

 The following medications may be used occasionally; antibiotic ointment, Caladryl lotion, topical

 aloe vera gel, lubricating eye drops, cough drops.

My child may take the medications specified above. As parent/guardian of the student named above, I/we release CASA and its employees and agents from any and all liability for any injuries my child may suffer as a result of this request and have checked for drug interactions with other regularly taken medications. \*It is the parent/guardian’s responsibility to share serious medical concerns with the bus driver. In the event of a serious emergency which may require the evaluation of your student at a hospital, 911 may be called and your child may need to be transported to the hospital by ambulance. This service is NOT paid for by CASA(*Update’25 MO)*

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