

CASA Annual Health Update and Standing Order Medication Authorization

Student Name: _____ DOB: _____ Grade/Art: _____

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

Health history update (please update during the school year as needed).

List any serious illness, operation, injury, or special health problems, including allergies, asthma, cardiac conditions, diabetes, food/diet issues, mental health concerns, seizures, or other:

List or attach a list of any medications your child is taking regularly or for emergencies:

The certified 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 and medications will be given at the nurse’s discretion. **Individual medication orders from your child’s health care provider will be needed for daily or regular use, or other medications.** New orders must be received for each new school year. CASA’s form is unchanged from last year and may be found 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

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.

*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 evaluations 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 the school.

Signature of guardian/ parent _____

Date: _____ Phone # _____