

Health Services

2018-2019 School Year Riverton USD 404

		Students name	DOB	Grade
YES	NO			
		Attention Deficit Disorder (if YES circle) ADHD ADD Medication:		
		Allergies (if YES, circle below and explain) Food Insect bites/stings Pollen Animals Medication Will your child have an Epi-pen at school? YES NO		
		Asthma Will your child have an inhaler at school? YES NO		
		Diabetes Medication:		
		Emotional Problems Medication &/or Counseling:		
		Seizure Disorder Type of seizure: Medication:		
		Other Health Concerns Including Hospitalizations, Operations Or Medications Not Previously Mentioned:		

Kansas State Law requires that each student must present to the school:

An **up to date immunization record** or a religious or medical exemption.

A **physical exam** performed by a licensed health care provider

A copy of an **official state issued Birth Certificate**

All medications given at school must be provided by the parent and come in a properly labeled original container with a signed consent form from the parent (over-the-counter) and/or doctor (prescription).

I hereby certify that I have read and understand the school requirements for my child. Furthermore, permission is hereby granted to the attending team physician, athletic trainer, coach, school nurse, sponsor and/or teacher to render any necessary first aid treatment to the child listed below. I understand that in an emergency, effort will be made to contact the Parent/Guardian or other contact persons listed. If such a contact is not possible, the transportation and treatment necessary for the best interest of the student may be given.

I also authorize Riverton USD 404 schools to release, exchange and obtain immunization and/or health information in his/her/their possession relating to the named student to the Health Department, physician(s), school personnel working with student, and/or Kansas Immunization Registry. I understand that this authorization will expire when the student is no longer enrolled in the above named school district and that I may revoke this authorization in writing at any time.

Parent/Guardian Signature

Today's Date