

2019-2020
SCHOOL HEALTH NURSE CONSENT
HARRISON COUNTY PUBLIC SCHOOLS (HCPS)

Reviewed by:
Reviewed date
Entered in IC: Y NA

School Grade Homeroom

Child's Name Last First MI
(Please give child's complete legal name)

Birth Date Age Male Female

ONLY students with a completed school health form will see a Registered Nurse EXCEPT in a true emergency.

Mother's Name Hm Ph Cell Ph
Father's Name Hm Ph Cell Ph
Legal Guardian Hm Ph Cell Ph

Child's Medical History ONLY

- ADD/ADHD Anaphylactic Episodes (Epipen or Antihistamine) Asthma (inhaler or nebulizer) Diabetes Seizures (Diastat or other)
Frequent Strep Infections Heart History Head, Eyes, Ears, Throat History Wears glasses/ contact lenses/hearing device
Cancer Stomach or Bowel History Kidney/Bladder History Birth Defects
Orthopedic Devices OTHER EAP

If you marked any of the above please explain:

My child has a history of the following life threatening condition that may need EMERGENCY TREATMENT or MEDICATION (EPI-PEN, Glucagon, Diastat, Asthma inhaler, etc.) At school: Please contact your school nurse for Action Plan
Diabetes Asthma Seizures Severe Allergies Other

ALLERGY: (Check only applicable) NO ALLERGY HISTORY Prescribed Epipen

- Medications: List and Explain
Food (peanuts, etc) submit MD statement: Explain
Bee Wasp Sting: Explain
Other: List and explain

Daily Home Medications: No Yes List:

As Needed Medication Prescribed by Physician: No Yes List:

Medication to be given or kept at school: No Yes If yes, contact school nurse for appropriate paperwork.

Recent Hospitalizations/Operations/Injuries: Yes No List with date:

Student's doctor: City/ Phone:

Student's dentist: City/Phone:

Last time a doctor saw your child

Table with 3 columns: Doctor's Name, Reason, Date. Row for Student's Immunization Status: Current, Unknown, Religious Declination, Medical Exempt list year.

The following list of medications will be on hand at the School Clinic to be administered ONLY by a Registered Nurse from the HCPS after the Registered Nurse evaluates child's complaint. Medication can only be given per manufacture guidelines and HCPS guidelines.

Please review the following list of medications and place a (v) by the ones you will allow your child to have:
Remember only the school registered nurse can administer the following medications:

- Acetaminophen (Tylenol) Ibuprofen (Advil and Motrin) Diphenhydramine (Benadryl) Aloe Vera Gel
Orajel/Orasol Calamine Lotion Refresh/Rewetting Eye Drops Cough drops Vaseline
Triple antibiotic ointment Hydrocortisone 1% Cream Calcium Carbonate (Tums) Hydrogen Peroxide

Yes, I give my consent for my child to receive services by the school registered nurse.

No, I do not give my consent for my child, to receive services by the school registered nurse.

By signing this consent, I consent that my child may receive school health services per district guidelines. I understand that no guarantees are being made as to the effect of any exam or treatment on my child. I authorize the school health clinic to receive and release medical/dental information about my child to his/her school, primary care or dental provider as needed or requested, including immunization information. I release the HCPS Staff/BOE from any liability related to the administration of medication or treatment so long as Reasonable and Customary care is provided.

* Parent/Legal Guardian Signature Relationship to child Date

The mission of the HARRISON County Public Schools- School Health Clinic is to protect the Health and well-being of all students thereby promoting student success.

The school board registered nurse can provide the following health services to all students with approved signed consent form (HCPS 2019- RN Health Consent):

1. Administer Over the Counter GENERIC medication per manufacture guidelines:

| | |
|-------------------------------------|------------------------------------|
| <i>Acetaminophen (Tylenol)</i> | <i>Cough Drops/Throat Lozenges</i> |
| <i>Ibuprofen (Advil and Motrin)</i> | <i>Refresh/Rewetting Eye Drops</i> |
| <i>Diphenhydramine (Benadryl)</i> | <i>Triple antibiotic ointment</i> |
| <i>Aloe Vera Gel</i> | <i>Hydrocortisone 1% Cream</i> |
| <i>Orajel/Orasol</i> | <i>Calcium Carbonate (Tums)</i> |
| <i>Calamine Lotion</i> | |

2. Health Assessments:

Nursing assessment of health complaints, nursing management, and referral as needed
Hearing Screening
Height and Weight Screening
Immunization Outreach and follow up
Vision Screening

3. Health Education Services:

Physical Health Problems
General and Physical Health Education for students and parents
Classroom instruction per request as time allows

4. Emergency Action Plans (Please Contact Your School Nurse if NEEDED)

Allergy (food, insect, or other that require EPI-PEN)
Asthma (that requires the frequent use of inhalers and or nebulizer)
Diabetes
Seizures
Other Special Health Conditions (catherizations, feeding tubes, mobility, etc.)

5. Confidentiality:

All medical records are the property of the Harrison County Public Schools and protected under FERPA. No other agency will have access to these records without legal guardian consent. We protect the privacy of your child's health information by:

- Limiting how we use and disclose health information
- Providing physical safeguards include secure offices and storage facilities, electronic protections, and procedures
- Training employees about privacy policies and procedures.

Nurses Note:
