

The EYP nurse has the permission to administer Tylenol, ibuprofen, hydrocortisone 1% topical cream, or Benadryl if deemed appropriate
_____YES _____NO

Medical Information:

Please check all that apply to your child:

Heart condition___ Diabetes ___ Asthma___ (if yes will an inhaler be brought to the school ___YES ___ NO) Seizure Disorder ___ ADD/ADHD ___ Migraines ___ Kidney Disease ___ Speech/Hearing/Vision Problems (specify)_____ Assistive devices (i.e. braces, walker, wheel chair) _____ Depression/Anxiety Disorder or other mental health concerns (specify) _____

Allergies: _____YES _____NO

If yes, please list all allergies:

Has your child been prescribed an Epi-pen for his/her allergies _____YES _____NO

Medications taken :

_____Time of Day: _____
_____Time of Day: _____
_____Time of Day: _____

Will any medications be given during the Extended Year Program hours, 8:30-12:30?
_____YES _____NO

Important:

If any medications are to be dispensed by the Extended Year Program nurse, a completed Medication Administration Order Form must be on file. No medications will be dispensed without doctor's orders, directions and signature.

Please add any additional information you feel would be important for the nurse to be aware of.

