

Manheim Township School District
 PO Box 5134, Lancaster, PA 17606-5134
 717-569-8231 · www.mtwp.net

Health Information Form

In order to keep our records current, please verify and/or update the following health information form.

Student Name	Grade	HR	Gender	Birth Date	Student Home Phone	Student Cell	Student ID#

Does this student have any of the following:

- Allergies*, please list _____
- Medications your child is presently taking: (name, dose, frequency, and reason) _____
- Immunizations received in the last year (type dd/mm/yyyy) _____
- Serious illness, injury, or surgery in the past year _____
- Condition requiring ongoing medical care _____
- Restrictions or limitations on physical activities _____
- Medical condition requiring special seating in the classroom _____
- Problems with vision? Glasses or contacts? _____
- Problems with hearing? Hearing aids? _____
- Health concerns not listed above (seizures*, diabetes*, etc) _____
- Special diet and/or food restrictions** _____
- Do you have Health/Vision/Dental Insurance: Yes to all _____; No to _____
- Recent changes we should be aware of (Separation, divorce, illness, death, etc.) _____

The following over the counter preparations (or generics) may be used to provide first aid treatment to students: vaseline lip therapy, triple antibiotic ointment, hydrocortisone cream 1%, Refresh Plus Tears, Orajel, tetrahydrozoline, vaseline, caladryl lotion, sterile isotonic buffered eye wash solution.

Check one:

- I give permission for the nurse to use the above over-the-counter preparations when providing first aid treatment to my child
- I give permission for the nurse to use the above over-the-counter preparations when providing first aid treatment to my child, *with the following exceptions* _____

May the nurse give your child the standard dosages of the following over-the-counter medications as per the standing orders from the school physician?

Acetaminophen Y or N (Tylenol)	Naproxen Y or N (Aleve)	Calcium Carbonate Y or N (Tums)
Ibuprofen Y or N (Motrin, Advil)	Diphenhydramine Y or N (Benadryl)	

If there is any other health information you would like to share with the school nurse, please call the Health Room in your school.

Signature of Parent or Guardian _____ Date _____

Updated 11/18/21