

**Spartanburg School District 7 Student Health Form 2020 – 2021**

Medicaid #

Student: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Male  Female Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian	Home/Cell Phone	Work Phone	Lives With
			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

List 3 contacts, in the event of illness or emergency, that can pick your child up if you are not available.

Emergency Contact	Home/Cell Phone	Work Phone	Relation
1.			
2.			
3.			

I give Spartanburg School District Seven permission to use the following medications for my child: Indicate with an "X".

Medication	Yes, please administer	No, DO NOT administer
Acetaminophen (Tylenol) for minor pain		
Bacitracin Antibiotic Ointment for minor cuts/abrasions		
Benzocaine (Orajel) for minor dental pain		
Calamine/Caladryl Lotion for minor skin irritation		
Calcium Antacid (TUMS) for minor stomach discomfort		
Diphenhydramine (Benadryl) for <b>EMERGENCY use related to allergic reaction only</b>		
Hydrocortisone Cream for minor skin irritation		
Ibuprofen (Advil) for minor pain		
Throat Lozenge/Cough Drop <b>with Menthol</b> for minor throat pain/irritation		

Medical History:

Please indicate with an 'X' if your child has been diagnosed by a physician with any of the following:

- ADD/ADHD
- Cardiac Condition
- Physical Handicap
- Vision Problems
- Bleeding Disorder
- Cystic Fibrosis
- Psychiatric Condition
- Bowel/Bladder Problems
- Hearing Problems
- Sickle Cell Disease
- Cancer
- Kidney Disorder
- Speech Difficulty

- Asthma: **Does your student have a prescribed Inhaler (Yes or No)?** \_\_\_\_\_
- Diabetes: Will your student be receiving Insulin at school via Pen or Pump (Yes or No)? \_\_\_\_\_
- Epilepsy/Seizures: Does your student have prescribed Diastat (Yes or No)? \_\_\_\_\_
- Other: \_\_\_\_\_

Please list all known Allergies (Food, Insects, Medication, Latex, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your student have a prescribed EpiPen (Yes or No)? \_\_\_\_\_

**\*\*\*Please continue to the back of the form\*\*\***

