

HEALTH SERVICES FORM

WESTMINSTER ACADEMY

Information on this form will be shared with your child's school office. If you have a confidential matter, please call the clinic to discuss how we can address it to your satisfaction.

Name: _____ **Grade:** _____ **Date of Birth:** _____

Height: _____ **Weight:** _____

Allergies/Illnesses/Conditions: _____

(Please call the clinic if you would like a copy of the Westminster Academy Allergy Policy.)

Does your child have any health needs that require nursing care during school hours? If yes, please explain, and contact the clinic at 954.771.4615 x2524 to discuss a care plan:

Medications that affect the learning process: (name, dose, and time) _____

For grades PK–5: Inhalers are stored in the clinic. Epinephrine training is provided for all teachers yearly. The first EpiPen is kept in classroom in teacher's care; the second is available in the school clinic.

For grades 6–12 only:

If your child has asthma, does he/she have permission to carry and self-administer his/her inhaler?

For grades 6–12 only:

If your child requires an EpiPen, does he/she have permission to carry and self-administer the EpiPen?

(If your child carries an EpiPen at school, please provide the clinic with a second pen as a backup dose.)

Does your child have any restrictions on his/her activities? Yes No

If yes, explain: _____

My child has authorization to participate in the regular school physical education program. I authorize the release of information on this form to WA school personnel to be used in the educational interest of my child.

Parent/Guardian Name

Date

Parent/Guardian Signature

Date

For Clinic Use Only:

Copy to Athletic Office or Lower School Office

Allergy Policy sent home

Inhaler in clinic for student

Expiration Date: _____

EpiPen in clinic for student

Expiration Date: _____

Date of request for EpiPen: _____

Date of request for inhaler: _____

Personal medications kept in clinic for student's use: _____