

**HEALTH SERVICE INFORMATION**  
Meade School District 46-1: Sturgis, South Dakota

**Dear Parents/Guardians:**

**Please complete the requested information and add any information about your child's health that would be helpful to the school. Notify school of any changes in phone #'s.**

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

**Name/Address of Father** \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ **Emergency Phone Contact** \_\_\_\_\_

**Name/Address of Mother** \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ **Emergency Phone Contact** \_\_\_\_\_

Has your child ever attended school in Meade School District? \_\_\_ Yes \_\_\_ No

**Does your child have any of the following health problems? Please Check:**

\_\_\_ Heart Condition \_\_\_ Epilepsy or Seizures \_\_\_ Bowel or Bladder \_\_\_ Diabetes or Hypo-Glycemia  
\_\_\_ Hearing Problems \_\_\_ Asthma \_\_\_ Carries Inhaler (**Doctor's orders if student carries inhaler.**)

Recent Surgery (Explain) \_\_\_\_\_

Food Allergy \_\_\_\_\_ **Please provide Dr. Documentation.**

Other allergies: \_\_\_\_\_ (**Please contact Nurse @ 347-2610**

**with information if severe.)**

Medications: Home \_\_\_\_\_ School \_\_\_\_\_

Are you eligible for Medicaid? Yes \_\_\_ No \_\_\_ Medicaid Number \_\_\_\_\_

May we share this information with staff? Yes \_\_\_ No \_\_\_

**All medications to be administered at school should be labeled and in the original bottle and must have written permission signed by parents (in Nurse's Office).** Medications (except inhalers) must be kept in the nurse's office at his/her school. If medication is discontinued or it is the end of the school year, medication will be discarded after five school days. We will make every effort to contact you.

It is **permissible** for my child to take:

**Tylenol/Acetaminophen** (aspirin free)

\_\_\_ Yes \_\_\_ No

**Current Doctor** \_\_\_\_\_

**Ibuprofen**

\_\_\_ Yes \_\_\_ No

**Current Dentist** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

(Revised 05/2013)

I consent to allow school personnel to call doctor/911 in case of emergency and unable to reach parent.

**PLEASE HAVE FORM SIGNED BY PARENT/GUARDIAN AND RETURN TO THE NURSE'S OFFICE.**