

The Seton Keough High School

UPDATED IMMUNIZATION AND MEDICAL RECORD FORM

All freshmen and transfer students entering Seton Keough High School must have a complete physical done within one year of the first day of school. Maryland state law does not allow students to attend school if the school physical and updated immunization forms are not on file. These forms are not the same as the Athletic Physical. Please return these forms to the Nurse's office by August 1st. Students who do not have these records on file before the first day of school will not be allowed to attend school until we receive them.

TO BE FILLED OUT BY PARENT/GUARDIAN

Student's Name: _____ Date of Birth: _____

Full Address: _____

Home Telephone: _____ Cell Phone: _____

Father's Name: _____ Business Phone: _____

Mother's Name: _____ Business Phone: _____

Guardian's Name: _____ Business Phone: _____

TO BE FILLED OUT BY PHYSICIAN OR PNP

STUDENT'S MEDICAL HISTORY:

Allergic and /or reaction to: _____

Diabetes: _____ Epilepsy or Convulsive Disorder: _____

Asthma or allergic condition: _____

History of operation or injury that may affect school activities: _____

History of any abnormality, chronic condition, etc. which the school should be aware: _____

History of fainting or dizziness: _____

Hearing or visual problem which may require special seating: _____

Medications taken regularly: _____

History of Psychiatric Disorder i.e. anxiety, depression, eating or bipolar disorder: _____

MENSTRATION HISTORY:

Excessive Bleeding: _____ Medication needed: _____ Disabling pain: _____

PHYSICAL EXAMINATION:

Weight _____ Height _____ Blood Pressure _____ Pulse _____

TB Test _____ General Appearance _____ Skin _____

Abdomen _____ Heart & Lungs _____ Spine _____

Ear Nose & Throat _____ Extremities _____

STANDING ORDER FOR MEDICATION BY SCHOOL NURSE

Can this student take the following medications if she needs it for pain or relief of allergy symptoms during the school day?

Midol 2 tablets po yes no Acetaminophen 500 mg po yes no

Ibuprofen 400 mg po yes no Benadryl 50 mg po yes no

Sudafed 60 mg po yes no Antacid tablets yes no

OTC Cough drops 1 q1h as needed for cough yes no

Neosporin/Bacitricin Ointment yes no

.5%-1% Hydrocortisone Crème for mild rashes or insect bites yes no

This student may carry this medication (Inhalers, Glucagon, Epipen only) No _____ Yes _____

Name and dose of medication _____

This student is both capable and responsible for self-administering this medication.

No ___ Yes ___ Supervised _____ Unsupervised _____

May participate in Physical Education and Sports yes no

If no, please explain: _____

Date of Physical _____ Signature of Physician _____

I give permission for my daughter to receive the above medications approved by my physician during school hours.

Date _____ Parent Signature _____

I do not want my daughter to receive any medication during the school day.

Date _____ Parent Signature _____