MEETEETSE SCHOOLS NURSING OFFICE
P.O. Box 218
Meeteetse, WY 82433

HEALTH INFORMATION FORM

Students Name: Grade:

Parents Name: Home Phone:

Work phone: (Dad): (Mom):

Cell Phone: (Dad): (Mom):

In case of Emergency or illness, if we are unable to contact parents, who should we contact for instructions or information?

Name: Phone:

MEDICAL INFORMATION

Please circle medications YOU GIVE PERMISSION for your child to take at school:

Tums	Bacitracin Cream	Triple Antibiotic Cream	Cough Drops
Saline Eye Drops	Ibuprofen	Tylenol	Benadryl
Orajel	Vaseline	Hydrocortisone Cream	Skin Lotions
Zyrtec		First Aid Ointments	

Does your child have permission for a rapid strep test: _____yes _____No

Does your child have any known allergies: _____Yes _____No
If yes, please list the allergy and the reaction:

Does your child have any health conditions we should know about (asthma, diabetes,

etc.)?_____

Does your child take any prescription medications at home? If yes, please

list:_____
Please Note: All prescription medications given at school **MUST BE in their original prescription bottle. **NO EXCEPTIONS**.

Parent/Guardian Signature:_____Date:_____