

Health Questionnaire: Perry County School District

Attention Parents:

Any child who has diabetes, seizures, asthma that requires an inhaler, and/or allergies which may require an EpiPen, must file a current Action Plan and/or Medication Administration Form (Form A) at the child's school. **A new Action Plan and/or Form A will need to be filled out and signed by a doctor and a parent every year at the beginning of school.** The forms are available for pickup at the school office or online at www.pcsdms.com, then go to **Medical Information**. Click on "**Nurse Information**". This will take you to the printable medical forms. Print off the form you will need. Please notice that Asthma has 4 pages, Allergies has 3 pg, Diabetic & Seizure has 2 pg. Forms should be printed and completed by the doctor **and** parent.

If a parent wishes for the school to keep his/her child's medication [i.e. inhaler, EpiPen, or by mouth medication (pills)] to be administered while at school, **a PARENT must bring the medication to the school with a completed Medication Administration Form (Form A) signed by a parent and a doctor.** An Action Plan may need to be completed and signed by the doctor and parent depending on the medication.

A PARENT WILL NOT BE ALLOWED TO LEAVE ANY MEDICATION AT SCHOOL UNTIL FORM A IS COMPLETED AND SIGNED. THIS IS THE ONLY WAY STAFF, TEACHERS, OR THE SCHOOL NURSE ARE PERMITTED TO DISPENSE MEDICATIONS.

If a parent wishes for his/her child to carry his/her inhaler and/or EpiPen, the school will need an order from the doctor. There is a place on the Allergies Action Plan or Asthma Action Plan for the doctor to complete to give this permission. All forms will need to be filled out & signed by the doctor and parent.

The inhaler, EpiPen, or any other medication must have a current prescription label attached to it at all times even if the student will be self-carrying. Please ask the pharmacy to provide you an extra label to put on the medication.

At the end of each school year, please pick up your child's medication(s) no matter what they are. If they are not picked up, the medication(s) will be disposed of.

Students entering the 7th grade must have a Tdap Vaccine:

The State of Mississippi now requires all students entering 7th grade to have the Tetanus, diphtheria, and Acellular Pertussis (Tdap) vaccine. A new Certificate of Immunization Compliance (Form 121) must also be provided to the school. Please contact your family physician, Beaumont Family health center (SMRI), New Augusta Family Center (SMRI), and/or local health department for this vaccine. **If the new Certificate of Immunization Compliance (Form 121) is not returned by the first day of school, your child will NOT be able to attend school.**

Robin Allen, R.N.
School Nurse of Perry County School District
(601)-964-1515

Please fill out the Health Questionnaire on the next page.

Health Questionnaire: Perry County School District

Student Name: _____

Date of Birth: _____

Grade: _____

Any Health Insurance? YES / NO

Parent Name and Phone Number: _____

Emergency Contact Name and Phone Number: _____

PLEASE CHECK IF YOUR CHILD HAS ANY OF THE FOLLOWING:

Asthma_____ if checked, does the child require a rescue inhaler? Yes or No

Allergies_____ if checked, does it require epinephrine injection (epipen)? Yes or No

If yes, list what child is allergic to: _____

Seizures_____ if checked, does the child require emergency medication? Yes or No

Diabetes_____ if checked, does the child require having insulin injections? Yes or No

Vision problems_____ If checked, does the child require wearing glasses? Yes or No

Hearing Problems_____ If checked, does the child require wearing hearing aids? Yes or No

High Blood Pressure_____

Sick cell Anemia_____

ADHD, ODD, ADD_____

Stomach issues_____

Skin Problems _____

If checked, please explain: _____

Any Handicap/special needs_____

If checked, please explain: _____

Other Health Problems Not Listed Above: _____

Takes Daily Medication: _____

If checked, please list them: _____

I understand and consent to the release of the above information to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety.

Parent Signature_____ **Date:**_____