

**Marion Independent School District
Health Care Consent Form**

Student Information (please complete in pencil)

Student: _____
Birth date: _____ Home phone: _____
Address: _____
Parent/Guardian Names: _____
Mother's **Daytime** phone: _____ Cell: _____
Father's **Daytime** phone: _____ Cell: _____
Parent(s) Email: _____

Emergency Contact #1:

Name: _____
Relationship: _____
Daytime phone: _____
Cell phone: _____

Emergency Contact #2:

Name: _____
Relationship: _____
Daytime phone: _____
Cell phone: _____

Student Health Information:

Does your child have any health concerns? _____

Does your child have any allergies? If yes, what triggers the allergy and what is the treatment?

Please list **ALL** medication/treatments your child is currently receiving: _____

Please list any significant changes/events that could affect your child's re-entry to school:
(Surgeries, Serious injuries, Change in family structure, etc. -please explain): _____

Has your child had any immunizations in the past year? If so, please list: _____

Physician/Health Care:

Doctor: _____ Hospital: _____
Dentist/Orthodontist: _____

Parent Review & Initial each following year:

_____/09 ____/10 ____/11 ____/12 ____/13 ____/14 ____/15 ____16
_____/17 ____/18 ____/19 ____/20 ____/21 ____/22 ____/23 ____/24

MEDICATION ADMINISTRATION FORM

Student: _____

Antacid

Dose: Calcium Carbonate (Tums) 500 mg. 1 or 2 tablets (circle preference)
Route: by mouth
Frequency: every 1-2 hours as needed.

Blistex

Dose: Allantoin (1%), Menthol (0.6%), Camphor (0.5%), Phenol (0.5%)
Route: External use only (avoid contact with eyes)
Frequency: as needed for cold sores or cracked/chapped lips

Calamine Lotion

Dose: Calamine and Zinc Oxide
Route: Topical (avoid contact with eyes/mucous membranes)
Frequency: apply as often as needed
Uses: Relieves itching from insect bites and skin irritations

Children's non-aspirin product (compares to Tylenol)

Dose: 80 mg each dosage determined by weight
Route: by mouth
Frequency: every 4-6 hours as needed

Children's non-aspirin junior strength product (compares to junior strength Tylenol)

Dose: 160 mg each dosage determined by weight
Route: by mouth
Frequency: every 4-6 hours as needed

Cough suppressant/oral anesthetic

Dose: one cough drop
Route: by mouth
Frequency: every 2 hours as needed

Hydrocortisone Cream

Dose: Hydrocortisone 10 mg
Route: Topical
Frequency: 3-4 times daily
Uses: relief of minor skin irritations & rashes

Neosporin (Triple Antibiotic)

Dose: Neomycin and Polymyxin B Sulfates and Bacitracin Zinc
Route: Topical
Frequency: 1-3 times daily
Uses: first aid to prevent infections in minor cuts, scrapes, and burns

Zephiran (benzalkonium chloride)

Dose: cleanse scrape with small amount on cotton/sponge
Route: topical (avoid eye/mucous membrane)
Frequency: cleanse scrape as needed

My child has permission to take the medications listed above unless specified or crossed out.

Parent's signature: _____ Date: _____

Parent Review & Initial each following year:

_____/09 ____/10 ____/11 ____/12 ____/13 ____/14 ____/15 ____ 16

_____/17 ____/18 ____/19 ____/20 ____/21 ____/22 ____/23 ____/24