



COMPASS School
Dorchester, Massachusetts

Medical History & Authorization for Over-the-Counter Medication Administration

Does your child have any allergies? YES NO

If yes, please list: _____

Does your child have an Epi-Pen? YES NO

Has your child ever had a head injury? YES NO

If yes, please explain: _____

Does your child take medication on a daily basis? YES NO

If yes, please list medicine _____ Dose _____ Time Taken _____

Does your child have asthma? YES NO

Does your child wear glasses? YES NO

Has your child been to the dentist in the past 12 months? YES NO

If yes, can you provide documentation from the last dental visit? YES NO

Any other past medical history _____

Does your child have any of the following: *Check all that are appropriate.*

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Gastrointestinal Problems (<i>Constipation</i>) |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other _____ |

Is there any information that would be useful for the staff to help your child at school?

I give permission for my child _____ to receive the medications listed/CHECKED below as deemed necessary by the School Nurse. I understand that a generic equivalent medication may be used. I understand that Only the School Nurse, in accordance with established written protocols, will administer the medication(s) I have CHECKED. Please contact the School Nurse with any questions or concerns.

- | | |
|---|--|
| <input type="checkbox"/> Ibuprofen (Advil/Motrin) [200mg] | <input type="checkbox"/> Diphenhydramine (Benadryl) [25mg] |
| <input type="checkbox"/> Acetaminophen (Tylenol) [350mg] | <input type="checkbox"/> Antacid (Tums) |
| <input type="checkbox"/> Loratadine (Claritin) [10mg] | <input type="checkbox"/> 1% Hydrocortisone Cream |

Parent/Guardian Signature

Today's Date

File in Nurse's record only