

200 Poplar Street, Vandergrift, PA 15690

2018-2019 Medical Information

Medical Information Form and permission for Standing Order administration must be updated each school year.

STUDENT NAME	LAST	FIRST	DOB
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	Current Condition	History of Condition		Current Condition	History of Condition
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis/Rheumatic Disorder _____	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Condition _____	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Wears Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular/Heart Condition _____	<input type="checkbox"/>	<input type="checkbox"/>	Allergies:	<input type="checkbox"/>	<input type="checkbox"/>
			Bee Sting Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Food Allergy _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Allergies (i.e. medications)	<input type="checkbox"/>	<input type="checkbox"/>
Special Dietary Need _____	<input type="checkbox"/>	<input type="checkbox"/>	_____		

Please list any other current medical conditions or pertinent medical information:

MEDICATIONS: Medications, whether prescription or over-the-counter, can only be administered at school if accompanied by a written order from a physician or if they are included in the Standing Orders (see back of this form). Medications must be in the original container and brought to the school by an adult. Students are not permitted to carry medications at any time.

CURRENT MEDICATIONS:

Medication Name and Dose	Home	School	Medication Name and Dose	Home	School
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

I have read and understand the current Standing Orders (see back of this form) and Health Services Information in the Student Handbook (available online). By signing, I confirm that the information provided is true and accurate. I give consent for the Standing Orders to be utilized to care for my child in the event of illness or injury.

List any exception (if applicable): _____

Signature of Parent/Guardian: _____ Date: _____

For medical forms or questions, please visit our website: www.kiskiareanursing.webs.com

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KISKI AREA SCHOOL DISTRICT

Standing Orders – Dr. Humphrey

1. Check for bee sting allergy if a student is stung and any medical documentation that has been provided by the parent/guardian. Otherwise, bee stings may be treated with a sting-kill swab and/or ice.
2. For severe allergic reaction (anaphylaxis – hives, difficulty breathing) to bee stings, food, or other allergens, administer epinephrine 0.15mg/0.3mg auto injector and call for ambulance. Use 0.15 mgm for 33 lbs. to 66 lbs and use 0.3 mgm for over 66 lbs. A second dose may be given after 15 minutes if there is no improvement. For minor reactions, administer diphenhydramine (Benadryl) in an age/weight appropriate dose.
3. For small cuts, cleanse the wound with soap and water to remove any dirt. Apply a Band-Aid or dressing with first aid cream or petroleum jelly (Vaseline), if needed.
4. Foreign bodies in the eye may be removed with a cotton applicator soaked in water or irrigated with water or Dacriose solution. If the foreign body cannot be removed by the above method, send the student home immediately to be seen by the family doctor. For chemicals in the eye, wash with copious amount of water and send the student home immediately to be seen by an eye doctor or M.D. as quickly as possible.
5. Slight burns should be treated by applying cold water. Topical lidocaine and/or benzalkonium chloride (Burn Gel/Burn Cream) and a Band-Aid or dressing may then be applied.
6. Severe burns should be treated by first aid measures as above. The student should be sent home and parent/guardian be contacted and advised to seek further medical attention.
7. Acid and alkaline burns should be neutralized by applying larger quantities of water and then a dressing with topical lidocaine and/or benzalkonium chloride (Burn Gel/Burn Cream) may be applied. If severe, the student should be sent home and parent/guardian be contacted and advised to seek further medical attention.
8. Acetaminophen (Tylenol), ibuprofen (Advil or Motrin), or Midol may be given for menstrual cramps, if no allergy to those exists. For grades 3-12 only, acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) may be given in an age/weight appropriate dose for complaints of headache, pain, discomfort or fever.
9. Topical benzocaine (Anbesol or Orajel) may be applied for a toothache, mouth ulcers, or gum pain if no allergy to benzocaine.
10. For a nosebleed, have the student keep the head forward while applying pressure for 8-10 minutes to the nose. An ice pack over the bridge of the nose may help. If a clot is present and bleeding continues, have the student blow gently from one nostril at a time and reapply pressure. If bleeding continues, contact parent/guardian and advise further medical evaluation.
11. Do not remove splinters or other foreign objects which occur at school unless it can be done easily with tweezers or Splinter Out. Cleanse the area with soap and water and apply a Band-Aid. Notify the parent if the wound is deep. The student may require a tetanus booster.
12. A skin rash that is itchy and appears to be a minor skin irritation may have Caladryl, Bactine, calamine, or hydrocortisone cream applied.
13. For irritated or itchy eyes, without symptoms of infection, use cold compresses and/or tetrahydrozoline hydrochloride (Visine) drops.
14. An upset stomach may be treated with calcium carbonate (Tums).
15. For sore throat, if the throat is reddened and a fever is present, send the student home. Otherwise a spray/lozenge may be given.
16. Contact the parent for any head injury, no matter how minor or severe.
17. Students with a prescribed rescue inhaler for asthma symptoms may use it as prescribed and directed by their physician.
18. Students with a fever 99.8 F or greater will be sent home. Students should be free of fever for greater than 24 hours without the assistance of medication before returning to school.
19. Students who bring sunscreen to school will be permitted to self-apply as needed.

FOR ADULTS ONLY (for 18 years of age or older):

20. For suspected heart attack of an adult, give one aspirin tablet (5 grain or 325 mg) or 4 chewable baby aspirin (81 mg/tablet).



Physician's Signature

8-10-18

Date