

**Lenox Public Schools ~ Current Health Information: Year \_\_\_\_\_**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Additional Physicians Child Sees:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Insurance:** YES \_\_\_\_\_ Private \_\_\_\_\_ Public \_\_\_\_\_ (Mass Health, CMSP)  
NO \_\_\_\_\_

Need confidential assistance obtaining health insurance for your child? YES \_\_\_\_\_ NO \_\_\_\_\_

**Child's Health Problems** (Heart Condition, Diabetes, Asthma, Seizure Disorder, Other):

\_\_\_\_\_  
\_\_\_\_\_

- Hearing Problems      Left Ear \_\_\_\_\_      Right Ear \_\_\_\_\_      Hearing Aids \_\_\_\_\_  
 Vision Problems      Wears Eyeglasses \_\_\_\_\_      Wears Contact Lenses \_\_\_\_\_

**Child's Allergies** (food, insects, medication, environmental) & **describe child's reactions:**

\_\_\_\_\_  
\_\_\_\_\_

**Names of any Medications Taken Regularly:**

\_\_\_\_\_

---

**Lenox Public School Students**

**Consent for Over The Counter (OTC) Medication to be Given in School**

I give permission to have the school nurse or school personnel designated by the school nurse give the following medications with dosage and times as per school physician protocols: **(Cross out medications not to be given)**

**Advil/Ibuprofen    Tylenol/Acetaminophen    Benadryl (Hives/Allergies)    Tums/Antacid/Peppermint  
Cough Drops    Bacitracin ointment    Benadryl lotion    Anti-itch gel    Alcohol Based Hand Sanitizer**

I give permission for the school nurse to provide information relevant to my child's health condition to appropriate school personnel when necessary to meet my child's health and safety needs, and to exchange my child's information with medical authorities for the purpose of referral, diagnosis and treatment. I also give permission for ambulance transport to the hospital in the event that emergency treatment is determined necessary. I understand that **any medication** which needs to be administered at school, **other than the list above** will need to be **brought in by a parent** in the **original container** and requires a **physician order** to be dispensed by the school nurse or school personnel designated by the school nurse. Forms are available in the school health office and online.

**Name of Parent/Guardian completing form:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

---