

**Student Health and Permission Form**

**2018-2019**

**Part 1 – Health Information**

**Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_**

Please mark below if your student has any of the following conditions:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Condition** | **Yes** | **Comments** | **Condition** | **Yes** | **Comments** |
| Asthma |  |  | ADD / ADHD |  |  |
| Inhaler |  |  | Hearing/ Vision Issues |  |  |
| Seizures |  |  | Seasonal Allergies |  |  |
| Diabetes |  |  | Allergies (food, latex, insects) |  |  |
| Heart Condition |  |  | Other: |  |  |

**Does your student have a 504 or IEP in which we should be aware of?** Yes No

**Does your student have a severe allergy** to: Milk Peanuts Other: ­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Explain Other Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Use of Over the Counter Medication:** I approve that you give over the counter medication to my child during the school year in accordance with the Board Policy. I authorize the school nurse or designee to give my child medication. I will not hold the school staff responsible for any undesired reaction that may occur from the medication. Examples of non-prescription medication to be given with parent permission are: **non-aspirin pain relievers including** **Acetaminophen, Ibuprofen, Tylenol, sore throat spray, antacid, antibiotic ointment, hydrocortisone cream, calamine lotion, throat lozenges, topical anti-sting treatments and generic substitutes**.

**Receive Emergency Medical Treatment:** In the event of an emergency and we cannot be reached, we also give our consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student.

**Part 2 – Parental Consent**

**Parent Photo Release:** I give my permission for my child/children listed above to be photographed by school personnel or local media reporters during LEAP activities. I understand these photos will be used to educate the public on the various activities of the program and may be used in the local newspapers, on LEAP / Schools / MASN social media websites.

**Field Trip Permission:** I give my permission for my student to travel locally for LEAP activities without further notice or permission forms. Any trips outside of the district will require additional parental permission forms.

**2018-2019 LEAP Parent Acknowledgement of Handbook:** To obtain a copy of the LEAP Handbook please visit EldonMustangs.org/LEAP.

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_**