

## MEDICAL CONCERN INFORMATION SHEET

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

I understand that all medical information is confidential and give permission to share this information on a professional basis with school personnel when deemed necessary by the school nurse.

Medical problem \_\_\_\_\_

Special instructions \_\_\_\_\_

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

In case of emergency, we will notify the parent or emergency contact listed on the registration form. The student will be transported to the preferred hospital listed on the registration form at the parent's expense.

Physical activity and exercise are very important and any exemptions require a medical excuse from the physician.

Parents are responsible for updating emergency information and the program of care.

Any medications that are to be administered to students at school must be given under the supervision of the school nurse. Medications must be brought in their original container. A Request to Administer Medication must be completed by the parent or guardian. You may request this form from the health office or download it from your computer by going to the school nurse web page on the Urbandale Schools web site at [www.urbandaleschools.com](http://www.urbandaleschools.com).

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_