

STUDENT MEDICAL FORM
(completed by parent/guardian)

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

EMERGENCY INFORMATION

Hospital _____ Phone() _____

Doctor's Name _____ Phone() _____

INSURANCE PROTECTION INFORMATION TO BE COMPLETED BY PARENT

The Technical Center does not carry insurance to cover medical expenses for injuries to students while attending school.

Parents/Guardians are strongly urged to have appropriate insurance for costs of injuries during school. School insurance is available through the home school. Private insurance is available from an insurance agent.

PLEASE NOTE: All injuries on school property must be reported to the instructor and school health room assistant at once. This is necessary for your insurance coverage to be effective.

Please check the statement which applies:

- My son/daughter/ward has purchased the school insurance policy.
- I have an individual policy which covers injury which my son/daughter/ward may incur while attending the Lebanon CCTC.
- I do not have medical insurance for my son/daughter/ward and I Understand that it is my responsibility to cover all medical expenses.

**CHRONIC AILMENT
INFORMATION** _____

**ALLERGY
INFORMATION** _____

MEDICAL
INFORMATION _____

DISABILITY
INFORMATION _____

MENTAL
HEALTH _____

IMMUNIZATION/LAST TETANUS DATE ____/____/____.
STANDING ORDERS for School Nurses---Grades 10-12

1. May use Tums as directed. 1-3 tablets at a time.
2. Apply Hydrocortisone 1% or Caladryl for minor rash.
3. Acetaminophen 325mg 1-3 tablets or 500mg 1-2 tablets every 4 hours PRN.
4. Ibuprofen 200mg, 1-2 tablets every 6-8 hours, PRN.
5. Benadryl 25mg, 1-2 tablets for allergic reactions.
6. Anbesol for toothaches.
7. Visine 1-2 drops to the affected eye, no more than 4 times a day.
8. Sudafed 1-2 tablets given for congestion.
9. Pepto-Bismol for indigestion, heartburn, diarrhea. 2 tablets PRN
10. Cough drops/throat lozenges.

Parent/Guardian Signature _____

Date ____/____/____

Signature on file
Physician Signature