

MONTGOMERY COUNTY SCHOOL HEALTH CONSENT FOR SERVICES 2021-22
 IHP/Emergency Plan? Y Date: N Reviewed by:

Student last name: _____ Student first name: _____ MI _____ Grade:
 Legal Street Address: _____

#1 Legal Guardian Name _____ Contact # () _____ Contact # () _____
 #2 Legal Guardian Name _____ Contact # () _____ Contact # () _____

*Student's Health Care Provider: _____ *Student's Dentist: _____

*Life threatening conditions that may require EMERGENCY MEDICATION or Treatment at school: Diabetes
 Asthma Seizures Severe Allergies to: _____
 Other conditions: _____

****Current Medications @ home:**

A student may not carry a medication (insulin, asthma inhalers, Epi-pens etc) with them UNLESS written permission from their health care provider and parent is provided on a health plan. Prescription meds **GIVEN DAILY must have written authorization of prescribing healthcare provider on form 09.2241 AP.21

Consent for Health Services

By signing, I consent to care for my child that may include, but is not limited to, illness/injury assessments, medication administration, emergency first aid and/or monitoring/education for chronic disease such as asthma or diabetes and referrals for further medical assessment. I consent for my child's immunization data to be entered into the KYIR registry to ensure a complete history. The school nurse ensures health screenings are completed including height, weight, vision & hearing as required, and that I will be notified of any abnormal findings.*To ensure student safety, school health services may share or request educationally relevant health information with school staff or medical professionals (MD, PA, NP, Dentist, etc...) having direct involvement with my child, or may contact the healthcare provider for necessary health information or medication and treatment clarification. A school nurse or trained staff member, in accordance with the Kentucky Department of Education and Montgomery County School Health Protocols, may provide comfort measures such as **saltine crackers, lemon lime caffeine free soda, peppermint disks or soft peppermint** as age appropriate after she/he has evaluated my child's complaint. The health unit also has first aid items, including but not limited to **eye wash/artificial tears, aloe vera gel & Vaseline.** **MARK THROUGH ANY COMFORT MEASURES YOU DO NOT WANT YOUR CHILD TO RECEIVE.**

The school **DOES NOT PROVIDE MEDICATION FOR STUDENTS**, however if you, the undersigned legal guardian, **wish to send over-the-counter medication to be kept locked in the health unit** and administered as needed by the school nurse or other trained staff for designated complaint (s) please complete the following:

OTC Medication: _____	Given For: _____	Dosage: _____
Date Received from guardian: _____	Person receiving the medication: _____	
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Date Received from guardian: _____	Person receiving the medication: _____	

All medications sent from home must be in the original container, accompanied by proper parent/guardian consent and must be given to the nurse, the staff member designated to provide health services or the supervising teacher/sponsor/coach for proper storage. (Includes field trips). OTC medications must have written approval of parent/guardian. Montgomery County Board of Education Medication Policy and Procedures (09.2241) are readily available to read.

By signing this consent, I release Montgomery County Schools from any liability related to the administration of medications or treatment as long as reasonable and customary care is given. This consent is given voluntarily and with full knowledge of its significance.



_____ Relationship to student _____ Date _____
 Parent/Legal Guardian Signature*