

# CVSD HEALTH DATA SHEET

Conestoga Valley School District  
2110 Horseshoe Road  
Lancaster, PA 17601

Student Name	Grade	Gender	Birth Date	ID#	Homeroom

Please add the necessary information below, sign where appropriate and return to the school. If you wish, you may place the form in an envelope and address it to "School Nurse - Data Sheet". Feel free to add additional information or comments on the back of the form. Please sign at the bottom when completed . Thank You.

Allergies:	
How is the Allergy Treated?	
Do you carry an Epinephrine pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Conditions:	

List all medications your child takes at home or in school :			
Name	Dose	How Often	Reason

**CIRCLE YES OR NO FOR MEDICATIONS THAT CAN BE GIVEN DURING THE SCHOOL DAY**

Acetaminophen (Tylenol)	Yes	No	Hydrocortisone Cream	Yes	No
Antibiotic Ointment	Yes	No	Ibuprofen (Advil)	Yes	No
Benadryl	Yes	No	Mucinex (Grades 9-12 Only)	Yes	No
Claritin	Yes	No	Throat Lozenges	Yes	No
Cough Drops	Yes	No	Tums (Or Other Antacid)	Yes	No
Cough Syrup	Yes	No			

**By signing below:**

I give permission for the nurse to share significant health concerns with staff members as deemed necessary for student safety.

I give permission for school health personnel to administer the above circled medications during the upcoming school year .

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_