



Clinic Information and PE Clearance Form

Student's Name _____ **D.O.B.** _____

Student's Grade Level for 2011-2012: (circle)

Pre- K 3

Pre-K 4

Kindergarten

Pre-school and Kindergarten students will not be given any medications without specific written instructions on an Administration of Medication Form and then for a maximum of two weeks only (emergency medications will be handled on an individual basis). No Over the Counter medications will be given at the Early Years Campus. On rare occasions, at the discretion of the Principal, Tylenol may be given with Parental Permission. The dosage will be on a weight based protocol as directed by the manufacturer. If Tylenol is given, the parent contacted must come into the school and sign the permission form when picking up his/her child.

I will personally deliver any prescription or over the counter medications to the appropriate person and complete the special Medication Administration Form.

My child, as listed above, has my permission to participate in physical education and all other activities deemed appropriate and directed by Notre Dame Academy faculty/staff. I understand that all precautions will be taken to ensure the safety of the students. Understanding that my child may need emergency medical treatment during school hours, or at school activities while he/she attends NDA, I authorize the School, through its nurse or other qualified person, to administer such first aid or other medical treatment, as shall be deemed best under the circumstances. I consent for my child to receive such treatment. I understand that the School will attempt to notify me (or my spouse), in the event of an emergency requiring immediate medical care for my child. If school personnel are unable to notify me, they will have my child treated by a duly qualified physician at the nearest appropriate emergency hospital or clinic. To ensure the care of my child, I agree that pertinent health information must be provided to, and shared with appropriate school staff. I agree to alert the school nurse and my child's teacher of any change in medications and/or health status of my child. I will furnish the school with a current telephone number and address in case of an emergency.

Parent Signature

Emergency Contact 1 (other than parent(s)) _____

Emergency Contact Phone _____ Cell _____

Home Phone _____

Mother Cell _____ Mother Work # _____

Father Cell _____ Father Work # _____

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Please see other side

Name _____ Weight _____ D.O.B. _____ Grade Level _____

Parents, please answer the following questions about your child's health:

Has this child ever had any of the following? (Circle Y for yes, N for no)

Allergies: Bee, Wasp or fireant	Y	N	Frequent headaches/migraines	Y	N	ADD/ADHD	Y	N
Allergies: Food	Y	N	Skin problems	Y	N	Frequent stomach aches	Y	N
Allergies: Medication	Y	N	Eczema	Y	N	Diabetes	Y	N
Asthma	Y	N	Irregular heartbeat or heart murmur	Y	N	History of Urinary Tract infections	Y	N
Inhaler: as needed or daily	Y	N	Fainting or dizziness w/exercise	Y	N	Anemia	Y	N
Epipen	Y	N	Chest pain w/exercise	Y	N	Hemophilic	Y	N
Sinus Trouble	Y	N	Shortness of breath w/exercise	Y	N	History of Seizures	Y	N
Frequent Colds	Y	N	Frequent Nosebleeds	Y	N	High/Low Blood Pressure	Y	N
Chronic cough	Y	N	Family history of sudden death before age 50	Y	N	Another condition that might affect child	Y	N

If you answered YES to any of the items above, please provide an explanation and details below:

Medical Diagnosis: _____

Allergic to: _____

Reaction: _____

Treatment for allergy : _____

If a child has a food or insect allergy that may require medication, an Allergy Action Plan needs to be filled out by the child's physician. Any emergency medications necessary must be provided to the school by the parent(s). NDA will provide an Allergy Action Plan for the parent(s) to have filled out by the physician based on the information on this sheet. Please contact the school nurse for any questions regarding allergies.

Does the student take any medication? Yes No. If Yes, please indicate medication, reason for medication & dose: _____

Is medication taken daily or as necessary? _____

My child is physically fit to participate in regular physical education activities at Notre Dame Academy during the 2011-2012 school year. I certify that all answers are correct. I understand that any falsification will result in the child's suspension from the school activity for which he/she is a participant. **This form is for school PE participation only. A GHSA physical form must be filled out for extra curricular sports activities.**

Parent's Signature _____ Date _____