

Annual Physician's Statement

Please present this form to be printed completed each school year. It is to be signed by a physician, and parent/guardian then returned to the Office Manager on or before August 1st.

PLEASE PRINT CLEARLY

Student's Full Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Gender: Male Female Grade: _____

2017-2018 ACADEMIC YEAR

Child's Physician: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip Code)

Immunization record attached Significant Medical/Surgical history attached

HEALTH/MEDICAL HISTORY

Please answer the following questions.

Specify Any Existing Health Conditions:

None Asthma Heart Condition Diabetes Physical impairments (i.e. hearing, vision, etc.)

Other (Please explain): _____

Allergies:

Life-Threatening: _____ Seasonal: _____

Food _____ Insect _____ Other _____

Medication: _____

Specify medical accommodations needed for school:

None

Known or suspected disability: _____

Please monitor: _____

Restrictions: _____

Please monitor: _____

Physician Statement: I have examined the above named child within the past year and find that he/she is free from contagions and physically qualified for all physical education, sports and playground, work/school activities at DR. R.W. Goines Stem Academy.

Physician Signature

Date

Annual Physician's Statement

Student's Name: _____ Date of Birth: _____

PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS BROUGHT FROM HOME

All medication prescribed for students should be given outside of school hours. Only medication which is required to enable a student to stay in school may be given at school. The initial dose of medication must be administered at home.

| Start/End Date | Name of Medication(s) | Dosage | Time to be given | Frequency | Purpose of medication |
|----------------|-----------------------|--------|------------------|-----------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Any adverse conditions or side effects student may experience from medication:

SELF-ADMINISTRATION OF PRESCRIPTION ASTHMA AND/OR ANAPHYLAXIS MEDICINE BY STUDENTS IN ACCORDANCE WITH HEALTH AND SAFETY CODE Section 38.015

It is my professional opinion that _____ (student's name) *should* or *should NOT* be allowed to carry and self-administer asthma medications and/or anaphylaxis medication while on school property and/or at school related events. Can carry Asthma medication(s) Can carry anaphylaxis medication

Student is knowledgeable about the name, purpose, and dosage of the prescribed medication.

Student has demonstrated to the student's physician or other licensed health care provider, the skill level necessary to self-administer the prescribed medication, including the use of the any device required to administer the medication.

Physician Signature

Date

To be completed by the parent(s)/guardian:

I give permission for the above medication(s) to be administered to my child at school.

I understand that school personnel will only administer medication(s) in accordance with Texas Education Code 22.052 and DR. R.W. Goines Stem Academy guidelines.

I understand that Dr. R.W. Goines Stem Academy and its employees are not liable for damages or injuries resulting from administration of medication to my child in accordance with Texas Education Code 22.052.

I consent to and authorize my child's health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.

Guardian Signature

Relationship

Home Phone

Work Phone

Please return this form and requested material directly to:
 RETURN TO:
 DR. R.W. GOINES STEM ACADEMY
 2455 SE Green Oaks Blvd Arlington, Texas 76018 (T): 817-466-8967 (F): 817-928-1654
 Email: info@rwgstem.com
 Website: www.rwgstem.com

ALLERGY ALERT

STUDENT: _____

GRADE LEVEL: _____

ALLERGEN: _____

EPI PEN: _____yes_____no

TEACHER: _____

PARENT: _____

PHONE NUMBER: _____

This form is to be presented to the Office Manager & good for
August 2017 – July 2018.