

ALL RECORDS ARE TO BE KEPT CONFIDENTIAL

Johnson City Schools - Health Services

2022-2023 HEALTH INFORMATION CARD

Student's Name: _____ Grade/Teacher: _____ / _____ Age: _____ DOB: ___ / ___ / ___

Parent(s)/Guardian(s): _____ Daytime Phone: _____ Cell: _____

1st Emergency Contact: _____ Relationship: _____ Daytime Phone: _____

2nd Emergency Contact: _____ Relationship: _____ Daytime Phone: _____

Medical Provider: _____ Phone: _____ Address: _____

Allergies (food, insect, medication, etc.): _____ Epinephrine: Yes No

My child may participate in the following health screenings: Height, Weight (to calculate Body Mass Index), and blood pressure: Yes No

Medical Provider Diagnosed Health Problems:

(Provider documentation required and additional forms may be needed.)

Medications Take at Home/School:

(Include prescription and over-the-counter)

Initials Required*	Medication	Symptoms
	Acetaminophen	Mild/Moderate aches/pains
	Ibuprofen	Mild/Moderate aches/pains
	Benadryl (age 6 & up)	Emergent allergic reaction ONLY
	Eye Wash	Eye Irritation

The above medication will be given at the manufacturer's recommended dosage.

HEALTH CONSENT STATEMENTS

- I represent that I am the mother, father, legal guardian of the above child. I give permission for Johnson City Schools to administer, or assist in the self-administration of the medication I have **initialed**. I release the Johnson City School System and its personnel from any legal claim they now have or may thereafter have arising from the administration of or failure to administer medication to the student. I will assume full responsibility for any side effects and complications that my child may have as a result of medications. (TCA 49-50-1602a3)
- I understand that in case of illness or injury, my child will be treated and/or transported by emergency personnel to the nearest health care facility at a cost assumed by the parent/guardian.
- A parent/guardian signature includes permission for the school nurse to communicate with the student's health care provider(s).
- In the event parent/guardian cannot be contacted, I consent for the nurse to discuss any medical information (in the school records) with emergency contacts listed above or in PowerSchool. Medical information will be discussed when it is reasonably needed to care for my child.
- Johnson City Schools keeps stock Epinephrine and Naloxone, per TN Annotated Code 49-5-415 (f)(3) and TN Annotated Code 49-50-1604. A parent signature includes permission for the school nurse or trained personnel to administer in case of life threatening allergic reaction or signs of an opioid overdose.
- Any medications not picked up by the last day of school (or within 14 days of discontinuation) will be destroyed. No medication will be kept in clinic after the last day of school.

Parent/Guardian Signature: _____ Date: _____

The statements made herein are true and correct and pursuant to T.C.A. 39-17-702, made under penalty of perjury.

Revised 2/28/2022

ALL HEALTH CARDS ARE TO BE TURNED INTO THE SCHOOL NURSE.