## LAKE OCONEE ACADEMY

## Health Information / OTC Medication Administration Form

Name			Grade	e	DATE:	
Last	First	Mida	lle			
		<u>Health Informa</u>	<u>tion</u>			
Is this student taking any me	edications at home?	_ Yes No <i>If</i>	yes, please list	t here:		<del> </del>
Does this student have any	known <b>DRUG Allergies</b> ?	?Yes	No If yes, pleas	se list here	e:	
Allergies to:						
Foods:						
Insects/ Stings:						
Seasonal:						
Latex: AllergyYes _						
Other:			Reaction: _			
Hearing impairment?Ye	Yes No If yes, us s No Glasses?	e hearing aids at s <b>YesNo</b> Con	school?\ tacts? Yes	Yes sNo	_ <b>N</b> o	
DOCTOR'S NAME			PH	ONE		
Circle Any Current/ Past C	onditions: Cardiac Issue	es Asthma/ Res	spiratory Proble	ems S	Seizures	Cancer
•						
Hypoglycemia Diabetes  Please list details of the abo	ve conditions or any othe	er medical conceri		lisabilities	that will allow	us to better
Hypoglycemia Diabetes  Please list details of the abo serve your student:  My signature below grants the necessary to ensure my children.	ve conditions or any other e school nurse permissio l's safety & well being. An	er medical concerr	ns or physical d	disabilities	that will allow	us to better
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Date \_\_\_\_\_

➤ Parent / Guardian Signature \_\_\_\_\_