DAUPHIN COUNTY TECHNICAL SCHOOL
OFFICE OF SCHOOL NURSE
ANNUAL HEALTH SURVEY

Name _____ _____ _____ Grade _____ Home School _____
Last First M.I.

During the past year has your child had a serious injury or illness? Yes No
(describe on back of sheet, if necessary)
Is the child still under treatment? Yes No

Should your child be restricted from participating in gym class? Yes No
If yes, please provide the school with documentation from physician.

Does your child have severe allergies which require attention at school Yes No
Such as bee stings? If your child needs an epi-pen for bee stings,
Please send one into the nurse's office.

Is your child taking routine medication (not an an antibiotic for Yes No
infection). If so, what does he/she take? _____
What is the dosage? _____

Has your child had any immunizations during the past year? Yes No
Please list: _____

Are there any family changes during the past year which might affect Yes No
Your child's performance?

Please use the back of this paper to explain or further detail any issues or illness that the nurse's office should be aware of.

If you wish for your child to take medications for headache, cramps, backache, stomach upset, etc., please provide a new, un-opened container of that medication along with a doctor's note and your signature allowing the school nurse or aide to dispense the medication to him/her. The school will no longer provide these medications.

In the event that the parents/guardians listed on the emergency card can not be contacted, I give permission to the staff of Dauphin County Technical School to contact Emergency Medical Services to transport my child to the hospital for EMERGENCY CARE.

My hospital preference is: _____

Parent/Guardian Signature: _____ Date: _____

Please contact the School Nurse if you have any questions, concerns or information you wish to share.

Melissa Lotz, BSN, RN **717-652-3170 ext. 7439** **mlotz@dcts.org**