

**AUTHORIZATION FOR MEDICATION TO BE  
TAKEN DURING SCHOOL**

Medication

\_\_\_\_\_

Reason \_\_\_\_\_

Route, time, and dose to be given at  
school \_\_\_\_\_

Special Instructions/Restrictions/  
Important Side Effects:

\_\_\_\_\_

Signature of Physician                  Date

\_\_\_\_\_

Printed Name of Physician                  Phone

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

**PARENT/GUARDIAN OR RESPONSIBLE  
ADULT MUST BRING ALL MEDICATION**

**TO THE SCHOOL NURSE.**



Hazelwood School District

15955 New Halls Ferry Rd.

Florissant, MO 63031

314-953-5000

**HAZELWOOD SCHOOL DISTRICT HEALTH  
SERVICES**

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_\_

It is recommended that every student in the Hazelwood School District should have a physical examination at the beginning of the school year in Kindergarten, 4, 7, 10<sup>th</sup> and all new students regardless of grade level.

This form is furnished for the convenience of your child's physician. Please have the physician complete at the time of examination and bring it directly to the school, along with an attached immunization document or completion of the immunization portion on this form.

It is our belief that much of your child's success in school and in life are dependent upon their physical and mental health. Our desire is to provide the best school life for your child.

**Medical History**

Allergies \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_  
 Mumps \_\_\_\_\_ Measles \_\_\_\_\_  
 Whooping Cough \_\_\_\_\_ Scarlet Fever \_\_\_\_\_  
 Polio \_\_\_\_\_ German Measles \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_ Other \_\_\_\_\_

**Recommendations:**

Can the student carry a full school program?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Can the student compete in high school sports?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have an irremediable defects?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Should physical activity be restricted?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Is special seating recommended?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Other \_\_\_\_\_

Remarks

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Examining Dr.

Date

**IMMUNIZATIONS AND TEST: (Mo., Day, & Year)**

**\* Required by law**  
**\*\*\*\* Required for all incoming 8<sup>th</sup> (8<sup>th</sup>-12<sup>th</sup>) grade students.**

**\*\*\* Required by law:**

- children entering Kg – 6<sup>th</sup> grade, two doses of varicella (chicken pox) vaccine.
- children grades 5<sup>th</sup>- 9<sup>th</sup> one dose of varicella (chicken pox) vaccine.
- 1 dose of MCV for 8<sup>th</sup> grade, 2 doses for 12<sup>th</sup>

<b>DPT</b>	*	*	*	*		
<b>Tdap</b>	****					
<b>IPV/OPV</b>	*	*	*	*		
<b>MMR</b>	*	*				
<b>Hep B</b>	*	*	*			
<b>C. Pox</b>	***					
<b>HIB</b>						
<b>Hep A</b>						
<b>MCV</b>	**					

- If the kindergarten – 6<sup>th</sup> grade child has had the Chicken Pox disease, a statement signed by the physician is required indicating the month and year the child had the disease.
- For 7<sup>th</sup>-11<sup>th</sup> grade child, a parent statement of the disease is acceptable.

**Physical Findings**

Height \_\_\_\_\_ Weight \_\_\_\_\_

Nutrition \_\_\_\_\_

Skin and Hair \_\_\_\_\_

Teeth and Gums \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Tonsils Enlarged \_\_\_\_\_ Removed \_\_\_\_\_

Ear and Ear Drums \_\_\_\_\_

Eyes and Eyelids

\_\_\_\_\_

Visions OD \_\_\_\_\_ OS \_\_\_\_\_

Both \_\_\_\_\_

Heart \_\_\_\_\_ BP \_\_\_\_\_

Lungs \_\_\_\_\_

Lymph Glands \_\_\_\_\_

Hernia \_\_\_\_\_

Orthopedic \_\_\_\_\_

Scoliosis Screening \_\_\_\_\_

Urinalysis

SpG \_\_\_\_\_ React \_\_\_\_\_ Alb \_\_\_\_\_ Sug \_\_\_\_\_