

STUDENT HEALTH EXAMINATION POLICY

ALL incoming Ninth grade students and **ALL** new upper-class students ***must*** show proof of having had a physical examination by their health care provider within the previous twelve months upon entering high school.

New students who transfer to Erskine Academy after the first day of school will be given **two weeks** from their first day of attendance at the school to submit a copy of this examination. **Sport physicals will not be accepted in substitute.**

Prospective Ninth graders or new students will be given a **School Health Examination form** at the time which they register for classes at Erskine Academy. This form is to be completed by the parents and the health care provider and returned to the school nurse.

Approved November 13, 1995

Health Care Provider (Please Print)

Signature of Health Care Provider

(See back for Authorization of Medication)

***Authorization to Administer Medication
Which Must Be Taken During School Hours***

Student: _____ Grade: _____

Name of Medication: _____

Prescribing Provider: _____ Telephone: _____

Reason for Medication: _____

Dosage: _____ Time(s) to be Administered: _____

Possible side effects and safety procedures: _____

Prescribing Provider's Signature or Prescription Label

Date

I understand that the above medication may be administered by the school nurse or his/her designee. This may include a medically unlicensed person who has completed training in the administration of medication.

I understand that if the medication is still in school seven (7) days after the last student day, the medication will be disposed of.

Permission to Contact Prescribing Health Care Provider

I give my permission for the school nurse to contact the above prescribing health care provider to obtain information about the medication and the administration schedule. I give my permission for the school nurse to share information with the provider about the effects of the medication on my child's learning.

Signature of Parent or Legal Guardian

Date

Telephone: (H) _____ (W) _____