## DAYVILLE SCHOOL DISTRICT 16J P.O. Box C Dayville, OR. 97825

STUDENT NAME				DATE		
GRADE						
Does your child have	any h			RMATION e should be aware	e, such as:	
□ BEE STINGS □	□ FOOD ALLERGY		□ SKIN DISORDER			DIABETES
□ ASTHMA □	□ EYE PROBLEMS		□ ORTF	□ ORTHOPEDIC PROBLEM		HEART CONDITION
□ HAY FEVER □	EAR P	ROBLEM	□ CONVULSIONS (EPILEPSY)			URINARY ISSUES
□ OTHER				·		
HAS YOUR CHILD BEEN						
DOES YOUR CHILD TAK	E MEL	ICINE REGULARL	Y? U YES	⊔ NO		
OTHER IMPORTANT HE	ALTH	INFORMATION				
	EM		DICATION	J ADMINISTRAT		emergencies
Please circle any of the		ng medications tha	at you wou			J
Acetaminophen   -		<b>Diphenhydram</b> (Benadry 25 mg. tab	1)	<b>Acetaminophen</b> (Extra Strength Tylenol) 500 mg. tablets		<b>Ibuprofen</b> 200 mg. tablets
I give permission activities. I further a label instructions shall t	igree tl	iat any school emp	loyee who	administers these m	edications in	ı accordance with
Parent Signature _				Dat	e	

2023-2024 HEALTH