

**WESTMINSTER ACADEMY®**  
**HEALTH SERVICES FORM**

*Information on this form will be shared with your child's school office. If you have a confidential matter, please call the clinic to discuss how we can address it to your satisfaction.*

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Allergies/Illnesses/Conditions:** \_\_\_\_\_

*(Please call the clinic if you would like a copy of the Westminster Academy® Allergy Policy.)*

Does your child have any health needs that require nursing care during school hours? If yes, please explain, and contact the clinic at 954-771-4615 x2524 to discuss a care plan:

**Medications that affect the learning process:** (name, dose, and time) \_\_\_\_\_

**For grades PK-5th:** Inhalers are stored in the clinic. Epinephrine training is provided for all teachers annually. The first EpiPen is kept in the classroom under the teacher's care; the second is available in the school clinic.

**For grades 6-12th only:**

If your child has asthma, does he/she have permission to carry and self-administer his/her inhaler?

**For grades 6-12 only:**

If your child requires an EpiPen, does he/she have permission to carry and self-administer the EpiPen?

*(If your child carries an EpiPen at school, please provide the clinic with a second pen as a backup dose.)*

Does your child have any restrictions on his/her activities?    Yes    No

If Yes, explain: \_\_\_\_\_

*My child has authorization to participate in the regular school physical education program. I authorize the release of information on this form to WA school personnel to be used in the educational interest of my child.*

\_\_\_\_\_  
Parent/Guardian Name

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

**For Clinic Use only:**

**Copy to Athletic Office**

Allergy Policy sent home

Inhaler in clinic for student

Expiration date: \_\_\_\_\_

EpiPen in clinic for student

Expiration date: \_\_\_\_\_

Date of request for EpiPen: \_\_\_\_\_

Date of request for inhaler: \_\_\_\_\_

Personal medications kept in clinic for student's use: \_\_\_\_\_

