Viewmont Elementary School – 745 West 5720 South – Murray, UT 84123

Student Health Concern - Information

Student _____ **Birth Date** _____

Teacher _____ **Grade** _____

Check Box	Health Concerns	Comment	Medication (specify)
	Allergy-Seasonal		
	Allergy-Food		
	Allergic to Bee Stings		
	Allergic to Gluten		
	Allergic to Nuts		
	Allergy-Other (explain)		
	Anxiety Disorder		
	ADD/ADHD		
	OTHER (explain)		
	OTHER (explain)		

If your student has any medical concerns you would like us to be aware of, please fill out this form and return to the school office.

IF MEDICATION IS NEEDED AT SCHOOL

1. Upon receipt by the school of a completed and signed "Student Medication Authorization Form", available at the office and/or school website, the school will provide a safe place where the medication is stored for use by the student. Signatures are required from both the parent/guardian and the physician prescribing the medication.
2. The medication must be in the original container with the pharmacy label attached providing the date the medication was dispensed as well as the name, address, and phone number of the pharmacy.

ASTHMA INHALERS

The policy above applies to all medications *with the exception of self-administered inhaled asthma medication.*
A separate form ("Asthma Self-Administration") must be completed and signed by both the physician and parent or guardian, and submitted to the office.