Arkansas School for the Deaf

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Johnny Key
Secretary

Dr. Janet Dickinson
Superintendent

Parent Authorization for Health Care at Arkansas School for the Deaf

I confirm that I am the parent of the child listed on this Health History form and as such I have current legal custody of said child. This health history is correct and accurately reflects the health status of the student to whom it pertains. I attest that all of my child's immunizations required for school are up to date and I will provide the immunization documentation to ASD Health Services. I give my permission to the physician selected by ASD staff to order x-rays, routine tests – including COVID-19 testing, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize and secure proper treatment for my child. I understand the information on this form will be shared on a "need to know" basis with the ASD staff. I give permission to photocopy this form. In addition Arkansas School for Deaf has my permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with ASD staff about my child's health status.

Student Name _____

_____ _____

Parent Signature Date

All Medication MUST be Given to ASD or Health Services Staff.

Prescription drugs which are medicines sold only to you if you possess a valid prescription from a healthcare professional. (I.E. Antibiotics, antidepressants, behavioral medication, etc).

All medication must be in the original container with a current pharmacy label and date. This includes inhalers and epi-pens. If your child takes a medication that is considered to be a "controlled substance", please ask the pharmacist to fill the amount of medication needed to be taken at school in a 'blister pack."

Arkansas School for the Deaf does not provide 24-hour nursing care, but a nurse is available by text or phone at all times.