



Ivy Academy Chattanooga ♦ 8520 Dayton Pike ♦ Soddy Daisy, TN 37379
 Phone: (423)305-7494 ♦ Fax: (423)305-7496

Parent/Guardian Student Medical Form 2023-2024

Parent/Guardian Name: _____ Phone Number: _____

Student's Physician: _____ Phone: _____

Parent/guardian: Please complete the following information so that, in the event that your student requires medical attention while under the supervision of Ivy Academy, staff will be able to seek treatment for them.

Allergic to bee/wasp stings? Yes No History of asthma? Yes No

History of anaphylaxis? Yes No Does student carry an EpiPen or rescue inhaler? Yes No

NOTE: If an inhaler or EpiPen is needed, a Physician Student Medical Form listing these medications is required.

Other allergies (medication, food, etc.) ? Yes No If yes, please list:

Please list **all** medications (and dosages) your student currently takes, including over-the-counter meds:

Medication	Dose	Frequency	Indication	Side Effects

NOTE: An Over-the-Counter Medication Permission Form must be completed if any non-prescription medications will be needed during the school day on campus or off campus and during any school-sponsored activity.

List any conditions that have been diagnosed by a physician, psychologist, or psychiatrist:

With your consent, Ivy Academy will provide the following medications/treatments: hydrocortisone cream, antibiotic ointment, and topical treatments for poison ivy and other skin irritations (calamine lotion, sting relief wipes, etc.). In cases of emergency: diphenhydramine (Bendaryl) may be administered. Your signature below serves as consent for your child to receive the above treatment(s).

I DO consent to the use of these medications for my child _____

I DO NOT consent to the use of these medications for my child _____

Ivy Academy Policies (based on HCS and state guidelines/policies):

1. All prescription medications must be in the original prescription bottle.
2. Students are not allowed to have medications with them during the school day. ***This includes over the counter medications such as ibuprofen (Motrin), acetaminophen (Tylenol), Midol, etc.***
 - a. EpiPens and albuterol inhalers are allowed with a physician order.
 - b. This does not include non-medicated cough drops; they are permitted.
 - c. See Green Book (Ivy’s handbook) regarding consequences for carrying medication.
3. Students are *not* allowed to have medications on the school buses, with the exception of those with self-carry orders for inhalers, EpiPens and diabetic supplies.
4. Middle and High School students are permitted to drop off medication to the nurses office, provided they are *not* bus riders and they come *directly* to the office upon arrival. It is recommended that parents bring medications to the office to avoid potential consequences should their student forget to bring the medication directly to the office.
5. All prescription medications require a physician’s signature in order for Ivy staff to administer medication.
6. Over the counter medications can be dispensed to students by the nurse or a trained staff member. An OTC medication form must be completed by the parent or guardian, and a student supply must be left in the clinic/high school office. The OTC medication must be in the original container, and the container should be labeled with the student’s name. **NO LOOSE PILLS WILL BE DISPENSED.**
7. All students are expected to hike unless we have a written statement from a physician, with a specified time period listed.

Acknowledgement and Consent For Treatment

I, _____ (parent/guardian) of _____ (student), authorize Ivy Academy staff to seek medical treatment as needed during the 2023-2024 school year. My signature below also affirms I have read the above information regarding Ivy Academy policies. I understand it is my responsibility to update Ivy Academy of any changes to my student’s medical history, including new diagnoses and medication changes. I authorize the nurses at Ivy Academy to communicate with my student’s doctor via phone, email or fax in order to provide the best possible care for my child.

Parent/Guardian Signature _____ **Date:** _____

Please attach an updated copy of the TN Immunization form (available from your healthcare provider) if any of the following apply to your student:

1. Your student is coming to Ivy from a state other than Tennessee.
2. Your student is coming to Ivy from any school that is not part of the Hamilton County School District.
3. Your student will be in 7th grade for the 2023-2024 school year (At this age a Tdap booster is required.)
4. You have been notified that your student does not have an up-to-date immunization record on file at Ivy, and you have not yet submitted a new form.
5. Your student has been vaccinated since the last time you submitted this form.

The TN Immunization form is also available through the Hamilton County Health Department, should you choose to have your child immunized there. They offer minimal cost vaccinations through the Vaccines for Children (VFC) Program, provided by the TN Department of Health. Call (423) 209-8000 for more information. Per the TN Dept. of Health: “Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee.”