

# PRWS HEALTH INFORMATION 2023-2024

(Please fill out one form for each child)

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician or Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

## If your child becomes ill at school, who should we contact first?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Second Contact if first CANNOT be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Yes**  **No** Does your child have any allergies, including insect bites?

Describe: \_\_\_\_\_

**Yes**  **No** Does your child have any allergy medicine that will need to be used or kept at school?

Describe: \_\_\_\_\_

Should this medication be:  **Self-administered**       **Kept in School Office**

**Yes**  **No** Does your child have any special physical, medical, or behavioral conditions?

Describe: \_\_\_\_\_

**Yes**  **No** Has your child ever had seizures?

Describe: \_\_\_\_\_

**Yes**  **No** Does your child take any medication? If yes, please describe below. If the medication would be needed during the school day, then a Medication Administration Form must be completed.

List Medication/Reason: \_\_\_\_\_

**Yes**  **No** Does your child use an Epi-Pen?

**Yes**  **No** Does your child use an Inhaler?

**★Note:** if you wish the school to **dispense any medication during a school day**, besides homeopathic remedies, we will need you to **sign a Medication Administration Form**.

---

## **ADMINISTRATION OF HOMEOPATHIC REMEDIES**

I give PRWS permission for the 2023-2024 school year to treat my child with homeopathic remedies (**see list on back**) as needed for injuries while at school. I understand the benefits and risks of these remedies.

**Yes**

**No**

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

\_\_\_\_\_  
Date

~ see back side ~

## **EMERGENCY MEDICAL CARE OR TREATMENT**

In the event of an emergency, every effort will be made to contact you. If contact cannot be made, Pleasant Ridge Waldorf School will act in the best interest of the child's safety and care.

### **Homeopathic Remedies**

Pleasant Ridge can offer minor first-aid care for accidents and injuries. We are aware that some of our parents would like us to administer homeopathic remedies for some injuries. Below is a list of remedies that we can offer. If you would like these to be administered, please **sign/date the area of your health form on the front page.**

**Rescue Remedy:** Rescue Remedy can be used to relieve the fear and shock a child may experience after an accident. It can help restore a child to a more balanced state after a bad accident has happened. Rescue Remedy is not intended to replace medical treatment but is an invaluable support while waiting for medical help in an emergency. It is natural, entirely safe, has no side effects, is not habit forming, and will not interfere with any other medical treatment. It is made from five flower essences and can be given orally or topically.

**Arnica Tabs/Ointment:** This homeopathic remedy can be used when a child incurs an injury. Examples of injuries arnica would help are sprains, strains, falls, blows, and bruises. Arnica is used to reduce the swelling, muscle soreness, and bruising that can occur with an injury. It can be administered orally or used topically. The ointment is not used on an open wound.

**Hyland Menstrual Cramp Remedy:** A mixture of 4 homeopathic remedies used for relief of symptoms of menstrual pain, cramping, and irritability associated with the menstrual period.

**Hyland Pain Relief:** A mixture of 5 homeopathic remedies used for temporary relief of symptoms of pain, including: headache, backache, muscle pain/cramps, minor joint pain.

**Apis Mellifica:** Provides soothing relief for swelling, edema, burning and stinging pains, and itchy skin conditions. This is great to keep on hand for first-aid treatment. Main indication is for swelling from insect bites or allergies.