

2017 - 2018 Student Health Form

Student's Legal Name _____ Birthdate: ____ / ____ / ____ Gender: _____ Grade: _____

HEALTH CONCERNS: Please **X** and explain if your child has any of the following

*** Submit action plan for starred conditions.**

- _____ **No health concerns**
- _____ **Allergies*** to _____; reaction _____
- _____ Food Intolerance to _____; reaction _____
- _____ **Asthma***: _____
- _____ **Diabetes***: Type 1 Type 2 Managed by (circle): Diet/Activity Oral meds Insulin injections Pump
- _____ **Seizures***: type/description/frequency _____
- _____ Heart Condition _____
- _____ Concussion / Traumatic Brain Injury - date _____
- _____ Social/emotional/behavioral/mental health concerns _____
- _____ Recent surgeries, hospitalizations, injuries _____
- _____ Activity Restrictions _____
- _____ Implanted Devices _____
- _____ Special Education / 504 Plan (circle)
- _____ Bowel / Bladder Concerns _____
- _____ Other Health Concern _____

_____ My child has health insurance _____ (___ I request assistance to obtain this)
Preferred Hospital in the event of an emergency _____

MEDICATIONS: List **ALL** medications that this student takes

*** Please Note: WRITTEN CONSENT IS REQUIRED BY BOTH THE STUDENT'S GUARDIAN AS WELL AS THEIR HEALTH CARE PROVIDER. Complete a Medication Administration Form for ANY medication (BOTH PRESCRIPTION AND NON-PRESCRIPTION) needing to be administered during school hours (forms are available in the Health Office).**

<u>Medication Name</u>	<u>Dose</u>	<u>Purpose</u>	<u>How Often</u>	<u>Given during school?</u>

I attest to the information provided. I acknowledge that it is my responsibility to inform the school of any changes to the health status of this student including health conditions, needs, medications, and/or allergies. I understand and agree that this student may receive a routine screening for any vision and hearing deficiencies. I will comply with all school illness and medication policies. Furthermore, I give permission for school health staff to confidentially exchange health information - both within the school as well as with outside health care providers - for use in meeting this student's health and educational needs in school.

Parent/Guardian Printed Name (s) _____ Phone Number (s) _____ Parent/Guardian Signature (s) _____ Date _____

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