

## HEALTH INFORMATION

State law requires that dates of immunizations be provided before the student may attend school. This information must be recorded with parent signature on the state approved form (obtained from the school office).

The following information is considered confidential but will be shared with staff that will be in contact with and responsible for your child during the school day on a need to know basis.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Doctor's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Does your child have any life-threatening conditions? No\_\_\_\_ Yes\_\_\_\_ (If yes, contact School Nurse)

**Check "Yes" or "No" for each of the following questions. Please explain any "Yes" answers.**

Heart Condition or Blood Disease No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Seizure Disorder No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Head Injury/ Neurological Disorder No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Migraine/Neurological Headache No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Speech or Language Concerns No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Hearing Loss No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Ear Problems No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Eye Problems or Vision Loss No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Diabetes (if yes, contact School Nurse) No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Asthma: No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Requiring visit to hospital in last year? No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

If known, please list triggers: \_\_\_\_\_

Allergies: No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Seasonal No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Food No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Insect No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Bone, Joint, or Muscle Problems No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Mental Health Concerns or Counseling No\_\_\_\_ Yes\_\_\_\_ \_\_\_\_\_

Is any medication needed at home? No\_\_\_\_ Yes\_\_\_\_ Name of medication: \_\_\_\_\_

Reason for use: \_\_\_\_\_

Is any medication needed at school? No\_\_\_\_ Yes\_\_\_\_ Name of medication: \_\_\_\_\_

Reason for use: \_\_\_\_\_

State law requires written permission from a licensed health care provider with prescriptive authority and the parent before any medication, prescription or over-the counter, may be taken at school. Forms are available from the school office.

Please relate any other health information you would like the nurse or school to be aware of such as significant injuries or chronic conditions likely to affect student at school:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_