



HEALTH AND MEDICAL INFORMATION

Student Name: _____ **Grade:** _____
(Please Print)

ALLERGIES TO: Bee Sting Food Environment Latex Medication Other _____

Name of Medication(s) _____

Needs Medication at school Takes Medication at home

Describe reaction and intervention _____

List other allergies _____

ASTHMA: Name of medication(s) _____

Needs medication at school Takes medication at home Carries inhaler on person Inhaler in office

ATTENTION DEFICIT DISORDER: Name of Medication(S) _____

Needs medication at school Takes medication at home Diagnosed but not medication

DIABETES: Insulin dependent / needs school program set up Self manages snacks, diet, testing, coverage

HEADACHES: Name of medication(s) _____

SEIZURES: Needs medication at school Takes medication at home History of seizure but not currently on medication

OTHER MEDICATIONS: Diagnosis _____ Name of medication(s) _____

Needs medication at school Takes medication at home

HEARING CONCERNS: Please explain _____

VISION CONCERNS: Please explain _____

PHYSICAL RESTRICTIONS: Uses mobility aide (wheelchair, walker, crutches, etc.)

Restricted because of _____

Must avoid this/these activities _____

OTHER: Describe health history (operations, serious accidents, and serious illness)

DISEASES / CONDITIONS: If known, please indicate the year of the disease / condition when applicable:

Chicken Pox Measles (Rubella) Mumps Rubella (3 Day) Scarlet Fever Sinusitis Eczema Whooping Cough Heart Disease
 Rheumatic Fever Kidney / Bladder Disorder Congenital Condition Other (please describe) _____

HOSPITAL SIGN OFF: In case of an emergency, I authorize medical / dental care: Please indicate hospital of choice _____

DOCTOR'S NAME: _____ **DENTIST'S NAME:** _____

NOTE: All items will require notification of the school nurse. If medication is needed, the parent must complete a medication authorization form before the first dose of medication can be given at school. This health concern information may be shared with school personnel as necessary to benefit the health and safety of this student and others. Please keep school staff informed as to changes to the information so the student's records can be updated as needed.

PARENT/GUARDIAN SIGNATURE (required): _____ **DATE:** _____