



2020-21 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. * 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).

Table with 5 columns: Medication Name, Dose, Purpose, How Often, Given during school? with three empty rows for data entry.

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