2021-2022 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).

Medication Name	Dose	Purpose	How Often	Given during school?

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