

2010/2011 CONFIDENTIAL SCHOOL HEALTH FORM

MUST BE RETURNED FOR ALL STUDENTS

*In order for our school health personnel to provide quality services for your child, please provide us with the following information.
Please use the back of this form as necessary to provide additional information.*

Child's Name _____ Birth Date _____

School _____ Grade _____

Parent / Guardian Signature _____ Date _____

1. Has your child experienced any serious illness, operation, or injury
Within the past 3 years? Please explain: Yes___ No___

2. Does your child have diabetes, hypoglycemia, etc.?
Please explain: Yes___ No___

3. Does your child have asthma or a history of asthma?
Please list triggers, restrictions and medications if any: Yes___ No___

4. Does your child have any known allergic reactions?
Medication _____ Food _____ Insect stings _____ Seasonal _____
Please list details of allergy: Yes___ No___

5. Does your child have a history of seizures?
Please explain: Yes___ No___

6. Is your child currently on any medication?
Please list with associated diagnosis (use back of form as needed): Yes___ No___

7. Does your child need medication while in school? Yes___ No___
An "Order for Administration Form" must be completed for each prescription and non-prescription medication, signed by both the physician and the parent each school year before medication can be dispensed. Forms are available on line and at your child's school.

8. Does your child have any visual concerns or wear glasses/contacts?
Please explain: Yes___ No___

9. Does your child have any hearing problems or frequent ear infections?
Please explain: Yes___ No___

10. Is there anything about your child's physical or emotional health
that you would like the nurse to know? Yes___ No___
Please explain:

This pertinent information concerning your child's health may be shared with personnel who interact with your child during the school day. (i.e. Teachers, transportation, foodservices, playground supervisors, and educational staff,etc.)