



Health & Medical Information Form

Student Name: _____ Date of Birth: _____

Any allergies?

Check all that apply

- None
- Bee Stings
- Wasp Stings
- Food Allergies - Please List: _____
- Environment
- Latex
- Medications - Please List: _____
- Other: _____

Describe any reactions to look for and how to intervene:

List of medications and what they are for:

If your child takes medication, do they take the medication at home? Or do they need to take it at school?

- Home School

Health & Medical Information Form (Cont.)

Does your student have any of the following?

- Asthma
- Attention Deficit Disorder
- Diabetes

If yes to diabetes, are they insulin dependent/needs school program set up? Or do they self manage (snacks, diet, testing, coverage)?

- Insulin dependent/Needs school program set up
- Self manages snacks, diet, testing and coverage

- Headaches

If yes to headaches, which medication works best for them?

- Seizures

If yes to seizures, do they need medication at school, they take it at home, or are they not currently on medication?

- They need medication at school.
- They take the medication at home.
- They have a history of seizures, but not currently on medication.

- Hearing concerns

- Vision Concerns

- Physical Restrictions

Doctor's letter is required for some P.E. Adaptations

- Uses mobility aide (wheelchair, walker, crutches, etc.)

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

Health & Medical Information Form (Cont.)

Diseases/Conditions

Check all that apply.

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

Note: 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 any changes to the information provided so the student's records can be updated as needed.

Signature

Date