

School Name: _____ Today's Date: _____
 Student Name: _____ Student No.: _____
 Grade: _____ Room No.: _____

Health Information

The following information is considered confidential and is for use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day. If you prefer talking personally to the school nurse/health staff regarding any of the following statements, please mark here _____ and she will contact you.

Home Phone: () _____ Work Phone: () _____ Signature: _____

CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:

<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney/Bladder Disease	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> ADD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Convulsions, Seizures	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> ADHD
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Orthopedic/Bone	<input type="checkbox"/> Social/Emotional/Behavioral Concerns	
<input type="checkbox"/> Autism	<input type="checkbox"/> Bowel Concerns	<input type="checkbox"/> In Counseling	

Allergy To: _____ Severe Yes _____ No _____
 Asthma Provoked by _____
 Severe Yes _____ No _____

Do you have medical insurance? Yes _____ No _____ What kind? _____

Has above condition been diagnosed by a medical doctor? Yes _____ No _____

If yes, what is the doctor's name? _____ Phone # () _____

May we obtain this information? Yes _____ No _____ If yes, please sign a release of information obtained from the school secretary.

What does the child do to manage their own condition? _____

How can the teacher help with this at school? _____

What symptoms should we report to you? _____

Takes Medication Daily at Home School

Medication is: _____

For: _____

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN AND PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD (chapter 195-182). YOU CAN OBTAIN THESE FROM THE SCHOOL SECRETARY

Permission for hearing test? Yes No (#912)

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e., limitations in activities, etc.).

OFFICE USE ONLY			
Alert Flag	78	Health Code ¹	125
		Health Code ²	125
		Health Code ³	125