

Current Grade _____
Teacher _____



2018-2019

Please complete the requested information and add any information about your child's health that would be helpful to the school. **Notify school of any changes in phone #'s.**

Name _____ Male ___ Female ___ Date of Birth ___/___/___

Name/Address of Father _____

Home Phone# _____ Cell Phone# _____

Name/Address of Mother _____

Home Phone # _____ Cell Phone# _____

Emergency Phone #'s _____

Medicaid Eligible: Yes ___ No ___ **If yes, card #** _____

Health Conditions (Check those that apply)

BOLD items will need to have additional information from physician. Please talk with your school nurse.

___ **HEART CONDITION** ___ **SEIZURE DISORDER** ___ Bowel or Bladder

___ **DIABETES** ___ Hearing Impaired ___ **ASTHMA** ___ Carries Inhaler

___ **ADD/ADHD** ___ Bone/Muscle Joint Problems ___ **CELIAC**

___ G.I. Disorder (Stomach/Intestinal) ___ Headache/Migraine ___ Other Health Condition

Food Allergy _____ **OTHER ALLERGIES** _____

Explanation for any above conditions _____

Do any health and/or medical conditions require school restrictions, modifications and/or intervention? ___ Yes ___ No

If yes please explain _____

Does the student require any special procedures and/or treatments for their health conditions? ___ Yes ___ No

If yes please explain _____

Please continue on back

Current Dentist _____

Current Doctor _____

Please list any prescription and over the counter medication that your child will need during the school day.

MEDICATION	TIME	REASON

Please list any prescription and over the counter medication that your child takes at home.

All medications to be administered at school should be labeled and in the original bottle and must have written permission signed by parents (in Nurse's Office). Medications (except inhalers) must be kept in the nurse's office at his/her school. If medication is discontinued or it is the end of the school year, medication will be discarded after five school days. We will make every effort to contact you.

It is permissible for my child to take:

Tylenol/Acetaminophen

Yes No

Ibuprofen

Yes No

Parent/Guardian Signature

(Revised 8/2018)

I consent to allow school personnel to call doctor/911 in case of emergency and unable to reach parent.

