

Tecumseh Public Schools  
**SCHOOL NURSE HEALTH RECORD**

**SCHOOL SITE** for Upcoming School Year \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**To Parent/ Guardian:** In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you that will provide the school nurse with information needed to assure your child receives the appropriate health care throughout the school year.

**PLEASE PRINT**

\_\_\_\_\_  
 Name of Student Date of Birth

\_\_\_\_\_  
 Address (Street) Town and Zip Code Home Telephone Number

\_\_\_\_\_  
 Gender School Grade

Yes No

1.   Do you have any concerns about your child's general health?
2.   Does your child have any specific illness or problems (Please check all that apply)?  
     \_\_\_ DEPRESSION    \_\_\_ DIABETIC    \_\_\_ HEART    \_\_\_ MIGRAINES  
     \_\_\_ METABOLIC    \_\_\_ SEIZURES    \_\_\_ PULMONARY    \_\_\_ JOINT/MUSCLE  
     \_\_\_ ADHD/ADD    \_\_\_ CHRONIC ILLNESS    \_\_\_ NEUROLOGICAL  
     \_\_\_ SPECIAL DIET    \_\_\_ SKIN CONDITION  
     \_\_\_ PHYSICAL DISABILITIES (PLEASE NOTE) \_\_\_\_\_  
     \_\_\_ ALLERGIES (PLEASE NOTE) \_\_\_\_\_  
     \_\_\_ OTHER (PLEASE NOTE) \_\_\_\_\_
3.   Does your child have a health condition which may require emergency action at school?
4.   Does your child have any problems with vision, hearing or speech (glasses, hearing aids, ear tubes)?
5.   Has your child had any hospitalizations, operations, or major illnesses?
6.   Would you like to discuss anything about your child's health with the school nurse?

Please explain any "yes" answers below. \_\_\_\_\_

\_\_\_\_\_  
 DOES THE STUDENT TAKE ANY **MEDICATION(S)** ON A REGULAR BASIS?    \_\_\_ YES    \_\_\_ NO  
 IF YES, PLEASE LIST THE NAME AND PURUPOSE OF MEDICATION: \_\_\_\_\_

NAME OF DOCTOR: \_\_\_\_\_ DR. PHONE # \_\_\_\_\_

**Schools are required to have an Asthma Action Plan and Diabetes Management Plan in place for all students with asthma and or diabetes. If your child has a diagnosis of asthma or diabetes we ask that you please contact a School Nurse at the following number 405-598-5500. Thank you for your cooperation.**

\_\_\_\_\_  
 Parent/Guardian Number

\_\_\_\_\_  
 Emergency Contact, relation Number

**\*Please be advised: In the event of a major medical emergency, Tecumseh Public Schools would call for an ambulance if the health and well-being of a student or students was such that they needed immediate medical attention.**