Student Name:

Health and Medical Information

❑ **Allergies:** ❑Bee Sting ❑Food ❑Environment ❑Latex ❑Medication ❑Other

Name of Medication(s): _____

❑ *needs medication at School ❑ takes medication at home

Describe reaction and intervention: _____

List other allergies:

❑ **Asthma:**

Name of medication(s) _____

❑ *needs medication at School ❑ takes medication at home ❑ carries inhaler on person ❑ inhaler in school office

❑ **Attention Deficit Disorder:**

Name of medication(s) _____

❑ *needs medication at School ❑ takes medication at home ❑ diagnosed but no medication

❑ **Diabetes:** ❑*Insulin dependent/needs school program set up ❑*Self manages snacks, diet, testing, coverage

❑ **Headaches:**

Name of medication(s)

❑ **Seizures:**

Name of medication(s) _____

❑ *needs medication at School ❑ takes medication at home ❑history of seizure but not currently on medication

❑ **Other Medications:** ❑ *needs medication at School ❑ takes medication at home

Diagnosis:_____

Name of medication(s)

❑ **Hearing Concerns:**

(Please explain)

❑ **Vision Concerns:**

(Please explain)

❑ **Physical Restrictions:**

❑ *Uses mobility aide (wheelchair, walker, crutches, etc.)

❑ *Restricted because of _____

❑ Must avoid this/these activities_____

(Doctor's letter is required for some P.E. adaptations)

❑ **Other:** Describe health history (operations, serious accidents, and serious illness)

_____

_____

_____

_____

Diseases/Conditions: If known indicate the year of the disease/condition when applicable:

❑ Chicken Pox ❑ Measles (Rubella) ❑Mumps ❑Rubella (3 day) ❑Scarlet Fever ❑Sinusitis

❑ Eczema ❑ Whooping Cough ❑ Heart Disease ❑Rheumatic Fever ❑ Kidney/Bladder Disorder ❑Congenital Condition

❑ Other (please describe):

*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 changes to the information so the student's records can be updated as needed.

_____ _____

Parent/Guardian signature (required) Date

OFFICE ONLY Student Name: _____ Grade: ____ Teacher: _____ Student ID: _____