

**BISMARCK MIDDLE SCHOOL
MEDICAL INFORMATION
2018-2019**

STUDENT NAME

GRADE

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR USE BY OUR SCHOOL NURSE. IT IS IMPORTANT THAT YOU KEEP HER ADVISED OF ANY NEW ILLNESSES OR INJURIES SO THAT WE MAY SERVE YOUR CHILD'S NEED APPROPRIATELY.

ILLNESS OR INJURY	DATE OCCURRING	DETAILS
Heart Disease		
Kidney Disease		
Rheumatic Fever		
Convulsions		
Diabetes		
Asthma		
Allergies		
Tuberculosis		
Chicken Pox		
Mumps		
Measles		
Other		

Major Illnesses (Please Be Specific)

Significant Injuries (Please Be Specific)

Daily Medication – If you child is presently taking medication for an extended time and will be taking it during school hours please list below:

Name of Medication	Time & Schedule of Administration

Optional: Medications your child takes during non-school hours: _____