

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: _____