

STUDENT HEALTH INFORMATION

Student _____ Birth Date _____ Grade _____ School Year _____

HEALTH CONCERNS	Yes	No	Medication Name/Dose	Necessary Monitoring in School	Comments/Descriptions
Asthma/ Respiratory					
Bladder/Kidney					
Developmental Issues					
Diabetes				Equipment:	
Emotional/ Behavioral/ Mental					
Head Injury				Accommodations Needed: Y/N	Date of Injury:
Hearing Issues				Hearing Aid? Y/N Seating Preference? Y/N	
Heart/Blood					
Immune Issues					
Migraine					
Mild Allergies					Type & Date of Last Reaction:
Muscles/ Bones/ Joint/Skin					
Seizures/ Neurological					Type & Date of Last Episode:
SEVERE ALLERGIES					Type & Date of Last Reaction:
Stomach/ Bowels					
Vision Issues				Glasses or Contacts? Reading/Distance?	

(PLEASE COMPLETE OTHER SIDE)



List any other health concerns here:

Does your child have daily medications, treatments or therapies not listed on the other side?

____ Yes _____
____ No _____

Any activity restrictions in school? (Doctor's note required if there are any restrictions for school)

____ Yes _____
____ No _____

Special medical equipment required in school? (ie. oxygen, wheelchair, etc.)

____ Yes _____
____ No _____

Have there been any significant changes in your child's health over the past year?

____ Yes _____
____ No _____

Have there been any illnesses, hospitalizations, accidents, or injuries?

____ Yes (Please explain and include dates) _____

____ No _____

Health Care Provider's Name _____ Phone _____

EMERGENCY CARE PERMIT:

When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact the parents. In case of serious injury or illness, first aid will be rendered in accordance with local school policies. If ambulance service is necessary, I, _____, will assume financial responsibility. If I cannot be reached by telephone in the event of an emergency involving my child (child's name), _____, please send my child to (preferred hospital), _____.

Parent Printed Name _____

Signature _____ Date _____

Best Daytime Phone _____

Please email the nurse directly if you would like to discuss any of the information you feel is confidential.

SCHOOL NURSE: Kimberly Nowland, BSN-RN Email: knowland@mountainsongschool.com