

20 -20 Confidential Student Health Information for the School Nurse

If you listed a health concern on the emergency card, please answer the following questions as they pertain to your student. This information will assist school staff in planning for your child's needs and safety at school. If you prefer, you may leave a message on the school nurse voice mail at 549-1360.

Student Name: _____ Date of Birth: _____

Parent Name: _____ Phone: _____

Asthma: Severe Mild Triggers: _____

Medications: _____

Allergies: Anaphylaxis: Epipen Severe Mild Triggers: _____

Symptoms: _____

Treatment/medications: _____

Most recent episode: _____

Diabetes: Type 1 Type 2 insulin at school syringe/pen pump independent in care

Notes: _____

Seizures: History: Age of first incident: _____ Type: _____

Treatment: _____

Current seizure disorder: Type: _____ Frequency: _____

Most recent seizure: _____

Treatment/medication: _____

Medication: Name: _____ Taken at School Taken at Home

Prescribed for: _____

Please use reverse side to list additional medications. A school medication authorization form completed by both a parent and a physician is required for any medication to be taken at school (form available in office).

Wears glasses: Yes No Notes: _____

Other: Please describe any health condition not listed above that may be helpful to school staff in planning for your child's needs or providing first aid to your child, such as medication side effects, use of hearing aids, orthopedic braces, temporary cast, etc. (Use reverse side if needed.)

Yes No I give permission for school personnel to discuss the health conditions/medications listed herein with the physician(s) listed on my child's Emergency Information Card.

Parent Signature

Healthy Kids Learn Better