



Health/Emergency Information

Student Name _____ Birthdate ____/____/____
(Last, First, Middle)

Health Conditions: ___ No health concerns ___ No medications and/or health procedures at school
(Proceed to back side if no further information-sharing needed.)

| | | |
|--|--|--|
| <input type="checkbox"/> Allergies - Specify type(s) _____ | <input type="checkbox"/> ADHD - Type ___ Inattentive ___ Hyperactive ___ Combined | <input type="checkbox"/> Epilepsy/Seizures - Type _____ |
| <input type="checkbox"/> Asthma - Type/Triggers _____ | <input type="checkbox"/> Ear/Hearing Concern _____ hearing aid(s)/device | <input type="checkbox"/> Eye/Vision Concern _____ corrective lenses |
| <input type="checkbox"/> Diabetes ___Type 1 ___Type 2 | <input type="checkbox"/> Food allergy - Specify _____ | <input type="checkbox"/> Food intolerance - Specify _____ |

- ___ My child has a current Anaphylaxis Action Plan. ___ It is attached.
- ___ My child has a current Asthma action Plan ___ It is attached.
- ___ My child has a current Diabetes Medical Management Plan. ___ It is attached.
- ___ My child has a current Seizure Action Plan. ___ It is attached.

Additional comments on any health concerns indicated above or not listed above:

___ My child has long term activity restrictions. ___ A health care provider note is attached.

Procedure

___ My child will need the following procedure(s) done during the school day.

A Health Care Procedure Consent form is required for each procedure not indicated in the action plans listed above. A Health Care Procedure Consent form is available on the RPS Website: Families>Family Resources>Health Services.

Medication

___ My child takes the following medication(s) during the school day - medication(s)/reason(s): _____

___ My child takes the following medication(s) at home - (medication(s)/reason(s): _____

A Medication Administration Consent form will be needed for each medication. The form is available on the RPS Website under Families>Family Resources>Health Services. (A licensed prescriber may send medication consent in lieu of this form, as long as all the required information is included. Parent/guardian authorization is also required.)

___ My child has authorization from a licensed prescriber to self-carry and self-administer, if able, the following medication(s): _____

A Medication Administration Consent form will be needed for each medication.

___ My child is in **high school** and has my permission to self-carry/administer the following non-prescription pain reliever(s) in a manner consistent with the product label. _____

Note: The District may revoke a student's privilege to possess and use nonprescription pain relievers if the district determines that the student is abusing the privilege. My child understands the use, intended action, and potential side effects of the medication(s). Parent/guardian signature serves as consent.

___My child has had one or more immunizations in the past year. (List or attach.) _____

___My child had this illness, injury, surgery, hospitalization in the past year: _____

In the event of illness or injury in which it is deemed a student is unable to continue the day in school, a parent/guardian/designated emergency person will be contacted. Students will not be sent home on their own without parent/guardian permission. If first responders' assistance is needed and it is determined that a student requires transport to a medical facility without delay, parent(s)/guardian(s) will be notified.

I understand that this information will be shared on a need-to-know/right-to-know basis with school personnel to protect the health and safety of my child.

If your child is diagnosed with a physical and/or mental health condition, your child may be eligible for a Section 504 Plan containing accommodations, modifications, or services. If you would like to meet or have a phone conference to discuss a potential 504 Plan for your child, contact your child's school.

Parent/Guardian Signature _____ Date _____

| | | |
|-----------------------------|-------------------------------|-----------------------------|
| Parent/Guardian Name: _____ | Relationship to student _____ | |
| Phone 1 _____ | Phone 2 _____ | Phone 3 _____ |
| Cell Home Work (Circle one) | Cell Home Work (Circle one) | Cell Home Work (Circle one) |
| E-mail _____ | | |

| | | |
|-----------------------------|-------------------------------|-----------------------------|
| Parent/Guardian Name: _____ | Relationship to student _____ | |
| Phone 1 _____ | Phone 2 _____ | Phone 3 _____ |
| Cell Home Work (Circle one) | Cell Home Work (Circle one) | Cell Home Work (Circle one) |
| E-mail _____ | | |

| | | |
|---------------------------------|-------------------------------|-----------------------------|
| Emergency Contact Name 1: _____ | Relationship to student _____ | |
| Phone 1 _____ | Phone 2 _____ | Phone 3 _____ |
| Cell Home Work (Circle one) | Cell Home Work (Circle one) | Cell Home Work (Circle one) |
| E-mail _____ | | |

| | | |
|---------------------------------|-------------------------------|-----------------------------|
| Emergency Contact Name 2: _____ | Relationship to student _____ | |
| Phone 1 _____ | Phone 2 _____ | Phone 3 _____ |
| Cell Home Work (Circle one) | Cell Home Work (Circle one) | Cell Home Work (Circle one) |
| E-mail _____ | | |