

Robert B. Boyce Elementary School

Scott Yenchur - *Principal*
Rebekah Carpenter - *Secretary*



Ionia Public School Student Medical Information Sheet

*****PLEASE RETURN THIS FORM TO THE SCHOOL SECRETARY. THE SCHOOL SECRETARY WILL GIVE THIS FORM TO THE SCHOOL NURSE.*****



Student Name: _____ Birthdate: _____

School: _____ Teacher: _____ Grade _____

Today's date _____

Please check any of the following conditions that apply to your child:

Allergies: Bee Sting Allergy _____ Allergic to Peanuts _____ Allergic to Penicillin _____

Is there an EpiPen ordered for this allergy: Yes _____ No _____

Asthma _____ Does your child have an inhaler: Yes _____ No _____

Diabetic _____ Insulin: Yes _____ No _____ Oral medication: Yes _____ No _____

Hemophilia (Blood disorder) _____ Please explain _____

Seizures _____ Please explain: Type _____ Prescribed medication _____

Frequency _____ Duration _____

Medication Allergy: Please Explain _____

Food Allergy: Please Explain _____

Any food allergies listed will require a Doctor's order attached to this form.

Chronic Respiratory Problems: Please Explain _____

Heart Disease: Please Explain _____

Any other conditions/Special needs: Please Explain _____

Please list all current medications (even if taken at home): _____

I may need to share this information with the Staff: Is that ok? Yes _____ No _____

Completed by: _____

Relationship to Student: _____

Parent phone number _____