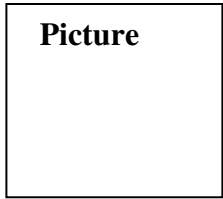




Stillwater Area School District #834
Health Information Intake Form

Picture



Serious Medical Condition: _____

Student's name _____ Date of Birth _____ School _____

Parent/Guardian _____ Day phone _____ cell _____

Address _____ Other phone (Mom) _____ (Dad) _____

City: _____ Physician specialist _____ Clinic _____

Current medications given at home: _____

Please give details regarding your student's health condition and how it may affect their time at school: _____

Any other conditions the staff should be aware of. (Please check (✓) any that apply):

- VISION PROBLEM HEARING PROBLEM ASTHMA
 DIABETES HEART PROBLEMS SEIZURES
 LIFE-THREATENING ALLERGIES, specify _____

Comments: (Explain items checked above)

More specific information may be gathered by the school's health room. Contact with that office prior to starting attendance is greatly appreciated. If the student rides a bus, transportation department staff will be responsible for calling 911 if there is an emergency situation on the bus.

Parent/Guardian signature _____ Date _____