



# Innovations International Charter School of Nevada Student Health Information

Print – Child’s Name (Last Name, First Name, Middle Initial) \_\_\_\_\_

Grade Level For New School Year \_\_\_\_\_

Student ID Number \_\_\_\_\_

Student Birth date \_\_\_\_\_

**Check All That Apply**

No Known Disability     Asthma/Airway Disorder     Blood Disorder     Diabetes

Seizures (List the type) \_\_\_\_\_

Food Allergies (List all foods involved) \_\_\_\_\_

Genetic Syndrome     Wears Glasses/Contacts     Wears Hearing Aides

Hearing Impairment     Immunization Exemption (only medical and/or religious exemptions accepted)

ADD/ADHD     Migraines     Multiple Disabilities     Neurological Disease

Muscular Disease     Potentially Severe Reaction (list all that apply) \_\_\_\_\_

Environmental Hypersensitivity (list all that apply) \_\_\_\_\_

Skin Disorder     Heart Problem     Visual Impairment     Color Blindness

Exempt from Physical Screening     Psychological Disorder (list) \_\_\_\_\_

Other (list all that apply) \_\_\_\_\_

Receiving medication?  Yes  No

Able to take PE/Recess?  Yes  No

List the medications taken by the child. \_\_\_\_\_

Is the child to be medicated at school?  Yes  No

Medication given at school must be provided by the parent. Parents must also provide medical documentation regarding limitations and medication. Only medication approved and prescribed by a physician can be administered at school Please complete the appropriate paper work needed for this. No over the counter medication will be administered to your child. This includes items such as Tylenol, cough medicine, cough drops, etc. If you have further questions, please contact the office by calling 702-216-4337.

Print – Name of Person Enrolling Child \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**School Health Services**

I, the parent/guardian of \_\_\_\_\_ (my child), authorize and direct Innovations International Charter School of Nevada to obtain medical care for my child in the event such care is reasonably needed. I understand that, if possible, I will be contacted in the event my child required medical attention. I grant to a licensed health care provider or accredited hospital, the permission to perform any reasonably necessary medical/surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release Innovations International Charter School of Nevada, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

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(Parent/Guardian Signature)

(Date)

**Medication Information**

Receiving medication?     Yes     No

The parent must provide medication given at school. Parents must also provide medical documentation regarding limitations and medication. Only medication approved and prescribed by a physician can be administered at school. Please complete the appropriate paper work needed for this. No over the counter medication will be administered to your child. This includes items such as Tylenol, cough medicine, cough drops, etc. If you have further questions, please contact the office by calling:

(702) – 216 – 4337

Option 1: Oakey Campus

Option 2: City Impact Campus