For Office Use:
Nurse Initial/Date:

Skyward updated? ☐

SVSD Health Services
Confidential Emergency Health Information
School Year_____

Please complete ANNUALLY and return to your student's school.

Name: _____ **Birth date:** _____ **Sex: M** ☐ **F** ☐

School: _____ **Grade**: _____ **Teacher**: _____

Parent/Guardian: _____

Primary Phone: ( ) _____ **Alternate Phone**: ( ) _____

Parent/ Guardian email address: _____

[Nurses may use email to obtain & send updates regarding student health information]

Please be aware, in order to provide a safe and healthy environment for your student, this information will be accessible to appropriate school staff that may have contact with your student.

CURRENT HEALTH CONDITIONS:

☐ No Known Health Conditions

Please note: Conditions considered life threatening require a health care plan and a medication/treatment order from a health care provider be in place before attending school. Contact the school nurse.

☐ Severe Allergy* (requiring emergency medication only)
☐ Asthma*
☐ Diabetes*
☐ Seizure disorder*
☐ Anxiety
☐ Frequent migraines
☐ Neurological Disorder
☐ Cardiovascular condition
☐ Hearing problem
☐ Mental health diagnosis
☐ Depression
☐ Vision problem (excluding corrective lenses)
☐ Other: _____
☐ Bowel disorder
☐ Orthopedic problem
☐ ADD/ADHD *circle one*
☐ Autism/Aspergers *circle one*
☐ Immune deficiency

Additional comments/physical limitations: _____

_____

MEDICATIONS:

Please note: Before medication (prescription or over-the-counter) can be allowed at school, a Physician's Order/Parent Consent form, available in the school office & on the district website, must be completed.

Is medication needed **at home?** Yes ☐ No ☐

Name of medication: 1) _____ 2) _____

Is medication needed **at school*?** Yes ☐ ***(please see note above)*** No ☐

Name of medication: 1) _____ 2) _____

In case of serious injury, illness or an emergency at school the District will make every attempt to reach the student's parents or the person(s) designated. In the event that the child's parent(s), guardian(s) or physician cannot be reached, the building administrator or designee will make a decision as to the most appropriate action to take in the student's best interest. It is the parent's responsibility to notify the school office or school nurse if there is any change in their child's health.

Parent Signature:_____ **Date:** _____