

Information on this form is to be filled out (updated) for each new school year.

Student Name: _____ Last _____ First _____ MI _____ DOB: _____ Sex: M F
(Circle One)

School: _____ Grade: _____ Year: _____

LIFE THREATENING CONDITIONS

ALERT TO PARENT(S)/GUARDIAN(S)/CAREGIVERS:

- If your/the child has a serious medical condition, it is vital that you discuss this with your **School Nurse immediately.**
- The school **must** know of **LIFE THREATENING** conditions (for example severe allergy with anaphylaxis, diabetes, asthma) **prior** to the start of school.

Asthma Yes No

If yes, does the child use rescue inhaler routinely for asthma symptoms? Yes No

Allergy - Severe, with Epi Pen prescription (for example: food, insect stings)

What allergy is the Epi Pen used for? _____

Diabetes

Date of diagnosis: _____ Insulin dependent: Yes No

Seizure disorder

Orders for emergency seizure medication during school day Yes No

Allergy, **NOT** life threatening (**No Epi Pen Prescription**)

Allergen(s): _____ Reaction(s): _____

Allergen(s): _____ Reaction(s): _____

Hearing concerns Assistive device: Yes No

Vision concerns Glasses Contacts

Please contact the School Nurse if your child requires medication to be administered at school or with any significant health issues/concerns.

My/the child requires medication to be administered at school

My/the child has no health concerns at this time

Other medical conditions/home medications: _____

The student named above has health insurance Yes No

If yes, name of Insurance Company: _____

Health History Informed Consent

The disclosure of student health information within the school is limited to the information necessary to serve the student's health or educational interest. Your signature gives permission for the nurse to inform school staff of precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for academic success and emergency plans, as determined by the nurse and principal.

Parent(s)/Guardian(s)/Caregiver/Student Signature: _____ Date: _____

