

West Irondequoit Central School District
Confidential Student Health Information Update
 (to be completed by parent / guardian)

Student Name	DoB	Sex	School	Grade
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MEDICAL HISTORY: Please check any health condition(s) that pertains to your child.

Asthma	Elevated Blood Pressure	Hearing/Ear Concern
Bladder/Kidney Problem	Emotional Concerns	Heart Problem/Murmur
Blood Disorder	Fainting Spells	Seizures
Dental Problems	Fracture/Dislocation Injury	Vision/Eye Concern
Diabetes	Headaches	Other

Please explain your child's specific needs for any checked areas:

ALLERGIES AND TREATMENT REQUIRED: List all specific allergens.

Food

Bees/Insects

Medications

Environment/Other

Are these allergies Life Threatening? Yes No

MEDICATIONS: Please list any prescriptions or non prescription medication taken on a regular basis. Information about medications is included in the student's cumulative health record which is kept on file in the Health Office.

At Home

At School

Please indicate which School Personnel you would like to be aware of your child's medications.

All medications administered at school require written parental consent and a physician's order. Please obtain a current medication form from the school nurse if/when your child needs medication in school. All medications will be kept in the School Health Office for administration by the nurse. All students who self carry medication must also submit a "Parent and Prescriber's Request for Student Self Medication" to be kept on file in the School Health Office.

PERMISSION: Please read the following three areas and include your signature as appropriate.

I give my permission for the School Nurse to inform the appropriate Building Administrators, Faculty, Special Services, and Emergency Medical Services of my child's health information and needs.

PARENT/GUARDIAN SIGNATURE

DATE

Please specify which additional School Personnel should be informed and instructed about your child's health needs

Teacher Assistant Bus Driver Cafeteria Lunch Monitor Coach Trainer Other

I do not give permission for my child's health information to be disclosed to School Personnel.

PARENT/GUARDIAN SIGNATURE

DATE

I have read and reviewed the Confidential Student Health Information Update Form and do not have any information to report at this time.

PARENT/GUARDIAN SIGNATURE

DATE

Confidential Health Form Effective: September through June of current school year