



Health Services – Mandatory Medical Form
(One form must be completed per child)

Student Information:			
Date: ____ / ____ / ____	Grade: ____	Date of Birth: ____ / ____ / ____	
Student Name: _____ / _____			
Last	First	Middle	Preferred Name
Parent/Guardian Names: _____			
Home Phone: _____		Mother Cell: _____	
E-Mail: _____		Father Cell: _____	
Perferred Contact Method:		Father Work: _____	
		<input type="radio"/> E-Mail <input type="radio"/> Cell Phone <input type="radio"/> Work Phone	
Emergency Contact Person: _____		Phone: _____	
Primary Physician: _____		Office Phone: _____	

My child has NO KNOWN MEDICAL CONDITIONS. (You may stop here, if there are no known medical conditions and your child does not need medicine at school. *Please sign at the bottom and return.*)

Student Medical Information:

Asthma Triggers: Environmental/Seasonal Exercise Upper Respiratory Infection
 Other: _____

Does student need inhaler available at school? Yes (Requires **Medication Consent**) No
 Inhaler Location: Health Room Classroom Student (Requires **Self-Carry Form**)

Diabetes Type I Type II Date Diagnosed: _____ Insulin By: Pump Injections
 Is student independent with care? Yes No

Allergies Severe Sting: Bees Wasps Ants Others: _____
 Food: Peanuts Tree nuts Milk
 Drug Allergy: None Known Yes (list): _____
 Please list type of reaction: _____

** Notify your school nurse & teacher(s) if anaphylaxis may occur, & bring medication with consent by first day of school.

Seizure Disorder (Explain): _____
 Does your child have a history of head injury/concussion in the last year? (Explain): _____
 ADHD, ADD, Anxiety, other: _____
 Other Conditions: _____

Does your child take any routine medication(s)? No Yes List medications: _____

Does your child need medication(s) at school? If your child needs medications at school, please provide the appropriate medication and consent forms. The medication policy and consent forms may be found on the Union Academy website or contact your school nurse.

No Yes List medications: _____

The information in this form is accurate to the best of my knowledge & I give permission to the School Staff/School Nurse to share information regarding my child's medical condition(s) with pertinent school employees, my physician or emergency personnel. I also give Union Academy permission to call 9-1-1 & have my child transported to a hospital if emergency care is needed.

Parent/Legal Guardian: _____ **Date:** _____
 align="center">Signature