Please check (√) and explain any health conditions **DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER**
(Doctor or Nurse Practitioner)

Check	Condition	Explain
	ADD/ADHD	(CURRENT MEDICATION):
	ALLERGIES SEVERE REQUIRING AN EPI-PEN (Extra should be kept at school)	☐ Food: ☐ Insects: ☐ Seasonal:
	ANEMIA (LOW BLOOD)	
	ASTHMA (Inhaler should be available at school with completed medication forms on file)	Medication: Last Attack: _____/____/_____
	BLADDER/URINARYCONDITION	
	BONE/ORTHOPEDIC CONDITION	
	DIABETES (SUGAR)	Medication:
	EPILEPSY(SEIZURES)	Last Episode: ____/___/_____ Medication:
	FAINTING SPELLS (Syncope)	
	GENETIC CONDITION	
	HEART TROUBLE	Corrected: Y / N
	HEMOPHILIA/BLEEDING DISORDER	
	HIGH BLOOD PRESSURE	
	MENTAL HEALTH ILLNESS	DIAGNOSIS:
	PROBLEMS WITH VISION	GLASSES: Y / N - LAST EXAM: _____/___/_____
	PROBLEMS WITH HEARING	HEARING AID: Y / N EAR: ☐RIGHT ☐LEFT
	REACTIVE AIRWAY DISEASE	
	SICKLE CELL	Last Crisis: ___/__/___ Last Hospitalization: ___/___/___
	SICKLE CELL TRAIT ONLY	
	SKIN DISORDER	
	TUBERCULOSIS (TB)	
	OTHER:	

Does your child take any daily medications? ☐ No ☐ Yes – List medication and dosage:

_____

_____

Medication given at: ☐ Home   ☐ School   ☐Only in Emergency
   When possible, the parent/legal guardian should arrange for the student to receive medication before or after school hours.
Medication should be brought to the health room in its original container and the appropriate forms should be completed prior to a student receiving medicine at school. Parental consent is required for non-prescription medication and both parental <u>and</u> student's healthcare provider signatures are required for prescription medication. Students that will self-medicate/carry his or her meds while at school (i.e. albuterol inhaler) should have a "**parental release**" and "**self-medicating and/or self-monitoring**" forms completed by the parent, health care provider and student.

I GIVE THE SCHOOL NURSE PERMISSION TO CONTACT THE LICENSED PRESCRIBER AND/OR SHARE THE ABOVE INFORMATION WITH SCHOOL STAFF AND DISTRICT STAFF AS NECESSARY FOR MEETING MY CHILD'S EDUCATIONAL NEEDS.

   PARENT/ LEGAL GUARDIAN'S SIGNATURE _____ DATE _____