# STUDENT HEALTH INFORMATION

**Emergency Plans and special diet statements must be completed yearly*

**Student's Name** _____
(Last) (First) (Middle)

**Birthdate:** _____/_____/_____ **Grade:** _____

## Does your child have any health conditions?

☐ Asthma* (inhaler? ☐ Yes ☐ No) ☐ ADHD/ADD ☐ Seizures* ☐ Diabetes

☐ Other (and please list any specific instructions)

_____

_____

☐ Allergies _____

Does the allergy require an EPI Pen? ☐ Yes* ☐ No

Does your child require a special diet? ☐ Yes* ☐ No *if yes,explain* _____

_____

## Does your child have any mental health conditions?

_____

_____

**Does your child take medications daily or as needed?** ☐ Yes ☐ No

Where will your child be taking their medication? ☐ Home ☐ School ☐ or Both

What medication does your child take? _____

_____

**Does your child wear glasses?** ☐ Yes ☐ No

**Other health information or concerns?**

_____

*Reminder: The school district does not supply OTC (over-the-counter) medications for students. If you anticipate your child needing an OTC, please provide this to the Nurse's Office, along with the form found on the school website titled Authorization to Dispense. All prescription and OTC medication MUST be supplied in the original labeled container. All forms for the Health Office will be found on our website or from the school nurse.*

**Signature:** **Date:**

_____ _____

(Parent, legal representative of student) (mm/dd/yyyy)

Revised 2/13/2020