

St. Charles Parish Public Schools
Student Medical Information

Student Name:

Date of Birth:

Enrolling School:

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Physician Information:

Physician Name:

Phone:

Name of medical specialists/clinics:

Phone:

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Dentist Information:

Dentist Name:

Phone:

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Insurance Information:

Please check the type of health insurance your child has:

☐

Private

☐

Medicaid/LaCHIP

☐

None

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Health History:

Please answer any question that is marked as required (*).

My child has a medical, mental, physical, or behavioral condition that may affect his/her school day*:

☐

Yes

☐

No

If yes, please explain:

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COMPLETE ALL SECTIONS THAT APPLY TO YOUR CHILD.

Parent/Legal Guardian is responsible for providing the school with any medication and may be responsible for providing the school with any special food or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms.

Medication must be signed-in by a parent/guardian. Students are NOT allowed to bring medication to school.

Parents are responsible to keep the school nurse informed regarding their child's health status.

Allergies (i.e. food, medication, insect sting)*:

☐

Yes

☐

No

If yes,

List:

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Allergies continued:

Reaction:

Currently prescribed medications and treatments:

Asthma*:

☐ Yes

☐ No

Exercise induced?

☐ Yes

☐ No

Currently prescribed medications and treatments:

Diabetes*:

☐ Yes

☐ No

Type:

☐ Type 1

☐ Type 2

☐ Hypoglycemia

Currently prescribed medications and treatments:

Seizure Disorder*:

☐ Yes

☐ No

Type of seizure:

☐ Absence (staring, unresponsive)

☐ Generalized Tonic-Clonic (Grand Mal/Convulsive)

☐ Complex Partial

☐ Other (explain):

Seizure Disorder continued*:

Currently prescribed medications and treatments:

Date of last seizure:

Length of seizure:

ADHD*:

- ☐ Yes
☐ No

Other Health Conditions*:

- ☐ Yes
☐ No

If yes, explain other health conditions:

PE Restriction*:

- ☐ Yes
☐ No

If yes, explain:

Currently prescribed medications and treatments not mentioned above *:

- ☐ Yes
☐ No

If yes, explain:

Parent/Guardian Name:

Contact Phone:

Parent/Guardian Signature:

Date:

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