

# Wentzville School District Health Inventory

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M  F  Grade: \_\_\_\_\_

Please check each box that applies and sign below.

<p><input type="checkbox"/> <b>No Health Conditions</b></p> <p><input type="checkbox"/> <b>Food Allergy to:</b> _____  <input type="checkbox"/> Life Threatening/ EpiPen (requires physician orders and action plan)  <input type="checkbox"/> Mild Reaction  <input type="checkbox"/> Food Intolerance (lactose, gluten, dyes) _____</p> <p><input type="checkbox"/> <b>Insect Allergy to:</b> _____  <input type="checkbox"/> Life Threatening/Epipen (requires physician orders and action plan)  <input type="checkbox"/> Mild Reaction</p> <p><input type="checkbox"/> <b>Drug Allergy, specify</b> _____</p> <p><input type="checkbox"/> <b>Environmental/Seasonal Allergy, specify</b> _____</p> <p><b>Respiratory/Asthma:</b>  <input type="checkbox"/> Mild Asthma (inhaler <b>will not</b> be needed at school)  <input type="checkbox"/> Moderate Asthma (If inhaler is needed at school and/or athletics this will <b>require physicians orders and action plan.</b>)</p> <p><b>Gastrointestinal Condition:</b>  <input type="checkbox"/> Celiac Disease <span style="margin-left: 150px;"><input type="checkbox"/> Encopresis/Soiling</span>  <input type="checkbox"/> Irritable Bowel <span style="margin-left: 150px;"><input type="checkbox"/> GERD</span>  <input type="checkbox"/> Inflammatory Bowel, specify _____</p> <p><b>Mental Health Diagnosis:</b>  <input type="checkbox"/> Anxiety <span style="margin-left: 50px;"><input type="checkbox"/> Depression</span> <span style="margin-left: 50px;"><input type="checkbox"/> Bipolar</span>  <input type="checkbox"/> ODD <span style="margin-left: 50px;"><input type="checkbox"/> PTSD</span> <span style="margin-left: 50px;"><input type="checkbox"/> OCD</span>  <input type="checkbox"/> Other _____  Diagnosed by: _____  Medication: _____</p> <p><input type="checkbox"/> <b>ADHD/ADD:</b>  Diagnosed by: _____  Medication: _____</p>	<p><input type="checkbox"/> <b>Seizure Disorder, specify</b> _____  <b>(requires physician signed seizure action plan)</b></p> <p><input type="checkbox"/> <b>Immunocompromised:</b> _____</p> <p><b>Other Conditions:</b>  <input type="checkbox"/> Autism Spectrum Disorder  <input type="checkbox"/> Blood Disorder, specify _____  <input type="checkbox"/> Cerebral Palsy  <input type="checkbox"/> Cancer, specify _____  <input type="checkbox"/> Congenital Condition, specify _____  <input type="checkbox"/> Contact Dermatitis, Eczema  <input type="checkbox"/> Diabetes, Type 1 <b>(requires physician orders and action plan)</b>  <input type="checkbox"/> Diabetes, Type 2 <b>(requires physician orders and action plan)</b>  <input type="checkbox"/> Endocrine, specify _____  <input type="checkbox"/> Ear/Eye Condition, specify _____  <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Near <input type="checkbox"/> Far <input type="checkbox"/> Continuous wear  <input type="checkbox"/> Hearing Aid or Cochlear Implant  <input type="checkbox"/> Heart Condition, specify _____  <input type="checkbox"/> Headaches, recurring  <input type="checkbox"/> Migraine headaches  <input type="checkbox"/> Orthopedic Problems, specify _____  <input type="checkbox"/> Hydrocephalus/Shunt  <input type="checkbox"/> Juvenile Rheumatoid Arthritis  <input type="checkbox"/> Tourette's Syndrome  <input type="checkbox"/> Urinary Condition, specify _____</p> <p>Other Health Conditions: _____  _____  _____</p> <p>Health/Physical Accommodations: <b>(If so, requires physicians documentation)</b> _____  _____  _____</p>
--	--

Does your child have health insurance?  Yes  No

Physician/Health Care Provider:

Occasionally, the District is able to offer additional resources and support to students who are Medicaid eligible.

Does your child have Medicaid benefits?  Yes  No

Does your child have dental insurance?  Yes  No

Dentist:

Is medication needed at school?  Yes  No If yes, an authorization form must be completed by the physician each school year.

Please list medications:

# Wentzville School District Health Notifications

## Information on Dispensing Medication at School:

When a child needs FDA approved medication of any type, including over-the-counter, to be given during school hours, parent/guardians have the following choices:

1. Administer the medication to the child by coming to school at the necessary time(s).
2. Discuss an alternative schedule for administering medication with the child’s physician so that medication is provided at times outside of the school day hours.
3. Have the medication administered during the school day. In order to arrange for medication administration, please note the following procedures that must be followed:
  - The child’s physician must complete and sign the Medication Authorization Form, available from the school nurse.
  - The parent/guardian, or a designated responsible adult, must deliver the medication to the school. All medication must be in the pharmacy labeled bottle which contains instructions on how and when the medication is to be given.
  - Medication cannot exceed a 30-day supply. Over-the-counter medication must be received in the original container and will be administered according to the doctor’s written instructions.
  - A new Medication Authorization Form must be completed each school year.

Please direct any questions regarding the administration of medication to the school nurse.

## Parent/Guardian Information:

I certify that the information that I have provided regarding any health conditions listed for my child is true and accurate.

I hereby state that I have read and fully understand my choices for the administration of medication at school. In the case that my child’s medication is distributed at school, I agree to release the District and/or all District personnel from liability for any and all injuries that may result from my child taking or neglecting to take medicine prescribed.

*I have read and understand that:*

In the event of a critical emergency, emergency medical services will be utilized and the parent/guardian will be contacted as soon as possible. The parent/guardian is responsible for the cost of any medical treatment that their child may require.

A student’s health information is kept confidential and will only be accessible to school staff who need to be aware of this information.

---

Parent/Guardian Signature	Relationship	Phone Number	Date
---------------------------	--------------	--------------	------

*For more specific information, please see Policy 2830,  
Regulation 2410, and Regulation 2870 posted on the Wentzville School District Website.*