

FLEETWOOD AREA SCHOOL DISTRICT
Health Information

Student Name _____ **Grade** _____

Parent/Guardian _____ **phone #** _____

2nd Emergency Contact _____ **phone #** _____

3rd Emergency Contact _____ **phone #** _____

1. MEDICAL AND HEALTH INFORMATION UPDATE

Please check any conditions listed below that may apply to your child and provide a brief explanation if needed.

_____ My child **does not** have any medical/health conditions.

_____ My child **does** have a health condition.

_____ ADHD _____
_____ Asthma _____
_____ Bee sting allergy _____
_____ Cardiac condition _____
_____ Diabetes _____
_____ Drug allergy _____
_____ Food Allergy _____
_____ Headaches/Migraines _____
_____ Hearing or vision impairment _____
_____ Illness or surgery within past year _____
_____ Seasonal-environmental allergies _____
_____ Seizure disorder _____
_____ Other chronic or recurrent condition _____

2. PRESCRIPTION MEDICATIONS

Med _____	dose _____	time given _____	reason _____
Med _____	dose _____	time given _____	reason _____
Med _____	dose _____	time given _____	reason _____

3. OVER-THE-COUNTER (OTC) MEDICATIONS AT SCHOOL

Please circle the medications which the nurse may administer to your child at school.

Tylenol Ibuprofen Benadryl/Zyrtec Tums Sudafed/Dimetapp

Parent Signature: _____ **Date** _____

Family Dentist: _____ **Phone #** _____

Family Doctor: _____ **Phone #** _____