

Weldon City Public Schools Student Health Information Form

Student Name: _____ Date of Birth: _____ Grade: _____
 Teacher: _____ Parent Name: _____ Phone: _____
 Doctor's Name: _____ Phone #: _____

Please check any/all boxes below that apply to your child's CURRENT health conditions. This information will be shared with the appropriate school staff to help us care for your child during school hours.

My child does not have a current medical/health condition.

****You may stop here if your child does not have a current medical concern****

Cardiac Condition

Please Describe: _____

Activity Restriction? Yes No

If yes, please list restrictions: _____

****Please provide note from your child's doctor.**

Asthma (If so, please answer below questions)

Do you wish for your child's teacher to be notified and an emergency plan put in place? Yes No

Does your child need an inhaler at school? Yes No

When was your child's last asthma attack? _____

Stomach Problems (Circle the one that applies)

Reflux Irritable Bowel Syndrome Crohn's Celiac Disease

Lactose Intolerant Other: _____

Diet Modification Needed? Yes No Describe: _____

***A required Diet Order Form (to be completed by doctor) can be obtained from the school nurse.**

Allergic to Insect: (Circle the one that applies)

Bee sting Fire Ant Wasp Other Insect _____

Allergic to Food: (Circle the one that applies)

Peanuts Eggs Wheat Soy Tree Nuts Milk

Shellfish Fish Other: _____

Allergic to LATEX

Allergic to Medication: _____

What symptoms does your child have with their allergy?

(Circle the one that applies)

Facial Swelling Wheezing Tongue Swelling

Hives (Rash) - Location of Rash: _____

Other: _____

Does your child require an EPI PEN @ School? Yes No

Does your child require Benadryl @ school? Yes No

Sickle Cell Trait

Sickle Cell Disease

Date of last crisis? _____

Special Devices Required

Does your child require a walking aid or wheelchair at school?

Yes No

Seizure Disorder

Date of last seizure: _____

Type of Seizures: _____

Triggers: _____

Is emergency medication required at school? Yes No

High Blood Pressure

Do you wish for your child's teacher to be notified and an emergency plan put in place? Yes No

Current medications for high blood pressure: _____

Is your child legally blind? Yes No **Which Eye?** Right Left

Is your child deaf? Yes No **Which Ear?** Right Left

Does your child wear hearing aids? Yes No

<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis B or C	<input type="checkbox"/> Renal Condition	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Genetic Conditions	<input type="checkbox"/> Thyroid Condition	<input type="checkbox"/> Rheumatoid Arthritis	_____
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Hemophilia/Bleeding Disorder	<input type="checkbox"/> Hemophilia/Bleeding Disorder	<input type="checkbox"/> Spina Bifida	_____
			<input type="checkbox"/> Traumatic Brain Injury	_____

**** If medications are required for your child at school, a medication form will need to be filled out by your child's doctor and the parent.**

This applies to over the counter medications as well, such as Benadryl and Tylenol. Forms are located in the main office at school. **