



## ALEDO INDEPENDENT SCHOOL DISTRICT

*A Past to Remember; A Future To Mold*

**To be completed by parent/guardian**

### HEALTH INFORMATION

**GRADE** \_\_\_\_\_

Today's Date \_\_\_\_\_

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: ☐ Male ☐ Female

#### MEDICAL HISTORY (check all that apply)

**Please explain any yes answers.**

Life Threatening Condition ☐ No ☐ Yes

#### **IF YES PLEASE CONTACT THE SCHOOL NURSE!**

Asthma ☐ No ☐ Yes

Bee/insect allergy (needs special care) ☐ No ☐ Yes

Severe allergies – affecting school ☐ No ☐ Yes

Medication allergies ☐ No ☐ Yes

Kidney Disease ☐ No ☐ Yes

Frequent ear infections ☐ No ☐ Yes

Hearing concerns ☐ No ☐ Yes

Speech difficulties/hoarseness ☐ No ☐ Yes

Severe headaches (Migraines) ☐ No ☐ Yes

Seizures ☐ No ☐ Yes

Neurological condition ☐ No ☐ Yes

ADD/ADHD (diagnosed by whom) ☐ No ☐ Yes

Heart condition ☐ No ☐ Yes

Diabetes(Please contact the school nurse) ☐ No ☐ Yes

Blood disorder ☐ No ☐ Yes

Orthopedic condition ☐ No ☐ Yes

Chronic condition/disability ☐ No ☐ Yes

Vision concerns ☐ No ☐ Yes

Serious illness/injury/surgery ☐ No ☐ Yes

Chickenpox ☐ Disease ☐ Shot

Other health concerns? ☐ No ☐ Yes

☐ Glasses ☐ Contacts Other \_\_\_\_\_

Date \_\_\_\_\_

Date of disease: Month/Year \_\_\_\_\_

#### MEDICATION

Is medication needed at home? ☐ No ☐ Yes

Name of medication(s) \_\_\_\_\_

Is medication needed at school? ☐ No ☐ Yes

Name of medication(s) \_\_\_\_\_

**Prescription medications will not be given without specific written request signed by both a parent / legal guardian and physician. You can obtain this form from the nurse's office.**

Is there anything you want to tell us about your child which you feel will help school staff to better understand and work with him/her?

By signing this form, I give my consent to school authorities to take all appropriate actions for the safety and welfare of my child, including;

☐ No ☐ Yes the administration of epinephrine by Epi-Pen and Benadryl if deemed necessary and appropriate by the school nurse

☐ No ☐ Yes in the event of any other medical emergency as reasonably determined by the school nurse or other school authorities

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest available. I understand that the information given above will be shared with appropriate school staff who needs to know in order to provide for the health and safety of my child.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

**Healthy Students Make Better Learners**