



# 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

Glasses  Contacts Other \_\_\_\_\_

Serious illness/injury/surgery  No  Yes

Date \_\_\_\_\_

Chickenpox  Disease  Shot

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

Other health concerns?  No  Yes

### 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**