Big Sky	Hellgate
Sentinel	Seeley Swan

## STUDENT HEALTH RECORD Missoula County Public Schools

Graduation	
Year:	

•	WIISSOL	dia County Public Schools	rear.			
Student's Name:		Sex: Birthdate: _				
Last	First	Middle				
Student's Address:		Home Phone:				
Father's Name		Work Phone:				
Last	First					
Mother's Name:		Work Phone:				
Last	First					
Legal Guardian's Name:		Phone:				
In case of accident or emergency, conta	ict: Name: _	Phone:Phone:Phone:				
	s, the school will prof deemed necessar	ovide first aid and contact the parents to obtain furthe ry. If appropriate and the school is unable to contact t	er medical attention. The			
Health Care Provider (HCP):						
Hospital Preference:						
	about your chil	tudent Health History Id's health conditions may be disclosed to sc Ifety and accommodations as needed.	hool staff to ensure your			
□ Allergies: To what? (Medicines.)	, food, etc)	<u>-</u>				
Symptoms your child had: What medications were used to	treat those symp	toms?				
Has your child ever been given a	a written prescrip	tion for epinephrine (Epipen)? Yes * No				
		t "triggers" or causes asthma symptoms in your	child?			
		e in temperature 🗆 Animals 🗀 Foods				
		□ Molds □ Carpets in rooms □ Other				
Daily Asthma Medications:		· 				
Emergency Asthma medications	·					
□ <b>Diabetes:</b> Type:	Medications:		_□ Pump □ Injections			
□ <b>Seizures:</b> Type:		Date of last seizure:				
☐ Hearing loss or impairment: Des	scribe:	□ We may need accommodations? □Yes □ No	ars hearing aid			
Is the hearing loss significant enough	h that your child i	may need accommodations? □Yes □ No				
□ Vision Impairment: Describe: _		Wears glasses or contacts?  ontacts that your child may need accommodation	Yes □ No			
			<del></del>			
Other Health Conditions, physic	al restrictions o	or medication at home that may require consi	deration at school:			
NO MEDICATION, OVER THE COUNTER OR PRESCRIPTION, WILL BE ADMINSITERED WITHOUT PROPER HealthCareProvider /PARENT SIGNATURES. See school nurse for form						