

School staff is informed of health conditions & treatments on a need-to-know basis to keep students safe. All information provided is used to treat the student when they visit the health office and may also help us understand learning needs.

Note: Food preferences are addressed between the parent/guardian and student and not the school's responsibility to monitor.

Please indicate yes or no if your student has or previously had the issues related to the following conditions. If you answer yes, please provide details (extra space provided on back of page). Asterisks\* indicate additional forms or information may be needed. Please use blue or black ink

Condition	Yes	No	Details	Condition	Yes	No	Details
ADHD, ADD				Frequent/recurring			
Autism				Dizziness			
Allergy- <b>*Life-threatening</b>				Headache			
<b>*Epi Pen prescribed</b>				Infections			
Other allergies				Migraine			
<b>Asthma/Breathing/Lung</b>				Nose bleeds			
<b>*inhaler at school</b>				Pain			
Anemia/Bleeding disorder				Stomach ache/nausea			
<b>*Life-threatening</b>				Head injury/concussion dates:			
Arthritis				Heart Disease/condition			
Behavioral/emotional				Immune system issues			
Bladder/bowel/urinary				Hospitalizations			
Diapers/pullups/toileting				Mental health /psychiatric			
Bone/muscle/joint problems				Mobility/assistive device			
Developmental delays				Neurologic/neuromuscular			
<b>*Diabetes</b>				<b>*Seizures (indicate type)</b>			
Injections <input type="checkbox"/> Pump <input type="checkbox"/>				<b>*Rescue meds</b>			
CGM				Daily seizure meds			
Independent managing				Sleep			
Ear/hearing				Apnea			
Wears hearing aid(s)				Snoring			
Sign language				Skin conditions/rash			
Eye/vision/color vision				Speech/communication			
Wears glasses/contacts				Surgeries (Date/type)			
Food Intolerance				Other:			
Reaction							

**\*Medications & treatments**-list all meds, treatments, etc. that are needed at school or affect learning. Additional space on back.

1. Treatment/med \_\_\_\_\_ Times needed \_\_\_\_\_ For \_\_\_\_\_

2. Treatment/med \_\_\_\_\_ Times needed \_\_\_\_\_ For \_\_\_\_\_

In case of an accident or serious illness, the school will provide first aid and contact a parent/guardian to obtain further medical attention. The school may notify emergency services if deemed necessary. If appropriate and the school is unable to contact the parent, the school may contact the medical provider listed below and follow his/her instructions.

Health care provider(s) \_\_\_\_\_

Phone(s) \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

