

STUDENT HEALTH INFORMATION 2022 - 2023

Student Name _____ Grade _____

Does the student have current **Health Concerns**? (If YES, please fill in further information below)

- | | | |
|--|---|--|
| ☐ Food Allergies | ☐ Seasonal Allergies | ☐ Seizures |
| ☐ Dog/Pet Allergies | ☐ Other Allergies | ☐ Diabetes |
| ☐ Bee Allergies | ☐ Asthma | ☐ Other Health Concerns |

If any of the above Health Concerns are checked above, please list specific condition/allergy and what treatment might be necessary at school for the health condition:

Does the student take any **medications** that the school should be aware of? If yes, please list the medications below:

Will your student receive medication at school? If yes, please list the medication below and fill out proper paperwork:

Medications: If your child has medication(s) to treat their health condition, please make those medications available at school. This is especially true for:

- Inhalers for Asthma
- Epi-Pens for Allergies
- Glucagon for Diabetes
- Diastat for Seizures

Parents must complete a **Permission to Administer Medication** form each school year and provide the medication in the original labeled container.

Serious Allergies: If your child has a severe allergy, it is important for parents to work with the school nurse. The school nurse will need to know about the allergy so that student-specific prevention and treatment plans can be implemented. Please start by completing an **Allergy Treatment Plan**. The school nurse will work with the principal, teachers, food service and bus service to help minimize the risk that your child is exposed to the allergen while in school.

Sports and other out-of-school Activities: It is important that you communicate with the coach about any health conditions your child has. Please talk with the coach about how to manage your child's health condition when the child is involved in the activity. Make sure the coach knows how to contact you if there are concerns.

I am the parent or legal guardian and certify the above information is true. I give consent for this information to be shared with relevant staff. In emergencies, school authorities may call Emergency Medical Services without financial obligation to the district. I further agree that if my son/daughter receives medical treatment and/or is hospitalized, his/her name shall be released to school district officials upon their request.

Signature of Parent/Guardian

Date