

**USD #368 HEALTH ASSESSMENT FORM**

Student Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Physician \_\_\_\_\_

Grade \_\_\_\_\_ New Student? Y \_\_\_ N \_\_\_  
 Gender \_\_\_\_\_  
 Physician's Phone \_\_\_\_\_

(Please complete this form and sign)

<b>Does your student have:</b>	<b>Yes:</b>	<b>If yes, please explain:</b>
ADD / ADHD? Circle one		Medication:
Allergies (meds, food, etc)? Type of Allergy? Epi-Pen? Y ___ N ___		Medication:
Asthma / Reactive Airway Disease?		Medication:
Behavioral Concerns?		
Bladder Infections?		
Blood Disorder or Cancer?		
Bone or Joint Problems?		
Diabetes? Type I / Type II?		Medication:
Difficulty controlling bladder or bowel movements?		If yes, please send extra clothes/supplies to school.
Emotional Concerns?		
Hearing Difficulties / Hearing Aids?		
Heart Disease or Defect?		
Immunization Updates? <small>Please send a doctor/health department note to the nurse. The nurse does not receive a copy of sports physicals.</small>		
Migraines or Frequent Headaches?		Medication:
Neurological Disorder?		
Seizures? Type?		Date of Last Seizure: Medication:
Skin Problems / Rashes?		
Speech Problems?		
Stomach Aches?		
Surgeries?		
Vision Correction Vision Condition / Loss		_____ Glasses _____ Contact Lenses
Other Diagnosis?		Medication:
Other?		

**If your child needs medication or a procedure at school, contact the school nurse.****This information will be shared with appropriate school personnel.**

Parent / Guardian Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

**(OVER)**

## **USD #368 School Health Services**

**Heidi Kessler, RN and Linda Parr, RN**

### **MEDICAL NOTES**

- \*Students who have special dietary needs cannot be accommodated until the parent/guardian obtains a medical statement from a recognized medical authority/physician providing a list of foods the student must omit from the diet and a list of approved substitutions.
- \*When calling to notify the school of your child's absence, please let the office know the reason for the absence. **It is important that communicable diseases be reported.** Communicable diseases such as strep throat, head lice and influenza are the most common. If you have questions please call the office.
- \*Over the counter medications given at school must be accompanied by a note from the parent specifying the medication, dose, and time to be given. Children are not allowed to keep medication in their possession while at school. All medication must be kept in the office.
- \***Prescription medications must be brought to school by a parent. The medication must come to school in the original prescription bottle with the child's name and dose on the bottle. (Your pharmacy can provide you with a second labeled bottle that can be left at school.) Parents and Primary Care Provider must complete a Permission For Medication form, prior to medication being given at school.**

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**This form must be signed by a parent or legal guardian. Please cross out any "over the counter medications" that you do not want used for your child.**

\_\_\_\_\_ (Name of the student) has permission to take cough drops and/or throat lozenges for a sore throat, have Caladryl or hydrocortisone cream applied for itching, Triple antibiotic ointment for cuts and abrasions, Vaseline, Blistex or A & D Ointment for chapped lips, Moisture Eyes for dry, itching eyes or Sting Free for insect bites.

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Parent/Guardian Signature

Date

**(OVER)**

6/3/2011