



STUDENT HEALTH INFORMATION

Alert to Parents: If your child has a potential life-threatening health condition (severe bee sting allergy, food allergy, severe asthma, Epi Pen, Diabetes, severe seizures, etc.), we must have on file a medication or treatment order and a nursing plan. If any of the conditions above apply to your child, please contact the school nurse.

Student Information:

Name: (First) _____ (Middle) _____ (Last) _____

Goes by: _____ D.O.B: _____ Gender: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Student lives with: Both parents: ___ Mother: ___ Father: ___ Other: _____

Contact Information: (Mother, Father, Grandparents, or anyone that can be reached in case of sickness)

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

In the event of a medical emergency, and if a parent, guardian, or person listed above cannot be reached, please contact: (Provide a local contact if possible)

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____





Medical History: Check the medical issues that apply to your child and describe below.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anxiety/Panic Attack | <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> Dye Allergy (Red#40) | <input type="checkbox"/> Epi-Pen |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> GI Problems | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hyperventilation | <input type="checkbox"/> Kidney/Bladder Problems | <input type="checkbox"/> Latex Allergy |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Neuromuscular | <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Other Severe Allergy |
| <input type="checkbox"/> Peanut Allergy | <input type="checkbox"/> Seizures | <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Other | <input type="checkbox"/> No Known Medical Conditions | | |

Comment Section: Please describe in detail all medical conditions listed above including special instructions regarding precautions, warning signs, emergency treatment, ability of student to advise regarding condition, etc. If you need more space for writing, use a separate sheet of paper and attach to this form.

Does your child wear glasses? Yes No

Contact Lenses? Yes No

Name of Physician/Health Care Provider: _____ Phone: _____

Is there additional information the school nurse should know about your child? _____

Medications:

Does your child take any medications on a daily basis? Yes No

Does your child take any medications on an emergency basis? Yes No

If yes, list medication(s): _____

If yes, what condition is the medication for? _____

Does the medication need to be administered at school? Yes No

(All medication administered at school must be accompanied by an authorization form.)

Initial ____ I give my consent for Macon Road Baptist School's nurse and employees nurse to use their best judgment in securing medical aid and/or ambulance service in the event of a medical/dental emergency.

Initial ____ I give my permission for the school nurse to share the health information regarding my child with his/her teachers, if necessary.

Parent Signature: _____

If your child is diagnosed with any medical condition during the school year, please contact school nurse.