Doctor's Name	
Phone Number	

PEOTONE SCHOOL DISTRICT

Student Health Information: 2018-2019

_____ _____ _____

Student Name DOB Grade

	Yes	No	Comments
Allergies: Food/Insects			Reaction: Epi-Pen required? __Yes __No
Allergies: Other (medication, environmental, etc.)			List: Reaction:
Asthma			Medication: *Please complete Asthma Action Plan with your doctor and return to school
Vision			Glasses__ Contacts__ Date of last exam_____
Hearing			Describe:
ADD/ADHD			Medication:
Seizures			Describe type and frequency: Medication:
Diabetes			Medication: *Please complete Diabetes Medical Management Plan with your doctor and return to school
Skin (eczema, hives, etc.)			Describe:
Bowel/Stomach			Describe:
Bladder			Describe:
Blood Disorders (hemophilia, sickle cell, etc.)			Describe:
Loss of function of paired organ (eye, ear, kidney, etc.)			Describe:
Bone/Joint			Describe:
Physical Restrictions			Describe:
Heart Problems/Murmur			Describe: Medication:
Other (autism, depression, anxiety, etc.)			
Does your child currently receive:			___Speech ____O.T. ____Social Work
List names and doses of medications taken at home that are not listed above			
List names and doses of medications that will need to be taken at school			
I would like my child to participate in the weekly fluoride mouth rinse program offered to 1st thru 4th graders Yes __ No __			

I understand that the district will employ emergency medical services for my child if needed.
I understand that head lice checks may be performed during the year as needed.
I understand that routine vision and hearing screenings are performed during the year according to State guidelines.
Information may be shared with appropriate personnel for health and educational purposes.

*If it is necessary for a student to take prescription **OR** over the counter medication at school, a **Medication Authorization Form** that has been completed and signed by a parent **AND** the physician needs to be on file and renewed every school year.

_____ _____ _____

Parent/Guardian Signature Printed Name Date