

Fremont Community Schools-Annual Health Update 2015-2016

PLEASE COMPLETE ENTIRE FORM

STUDENT NAME _____

GRADE _____

PART I: Health Status (Contact the school nurse by phone or in person if your child has a serious condition that may need attention.)

HAS YOUR CHILD HAD CHICKENPOX? YES, age or year _____ NO _____ if no, vaccine required.

DOES YOUR CHILD HAVE:

- Allergies** to medications, food, or insects? _____ List care required _____
➤ Epi-pen prescribed? YES NO If yes, complete a medication form and return it to the nurse.
- Asthma** () allergy induced () activity induced () anxiety induced. Medications taken _____
Inhaler at school? YES NO If yes, complete a medication form and return it to the nurse.
➤ If student needs to carry an inhaler or Epi-pen with him/her- request special form from school nurse and have signed by physician each school year.
- Diabetes** since age _____ Controlled by: () diet only () insulin () other _____
- Seizure Disorder** (list type) _____ Medications taken _____
Date of last seizure _____ List known triggers _____
- Glasses** _____ Contacts _____ Wears correction for: () near vision difficulties () far vision difficulties () other _____
- Hearing loss** _____ Correction _____

List other medical problems/health concerns, past surgeries, and any special instructions: _____

PART II: Current Medications

- Please list name of medication(s) your child uses at home (prescribed and/or OTC): _____
Is medication required during school hours? YES NO If yes, please complete and return a medication form.

PART III: Consents and Signature

YES NO The school nurse has permission to contact my child's doctor and share information if medically necessary.
Physician's Name _____

I understand that in order to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health conditions that may affect my child's school day or impact their learning.

I understand that medications of any kind are not allowed on school grounds without proper medical authorization and clearance from the school nurse or her designee.

I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information about my child's condition with appropriate school staff. This will be done in a confidential manner. If I do not wish that information shared, I must request in writing and file it with the school nurse.

Parent/Guardian Signature _____ Date _____

