



Student's Name: _____ Grade/Teacher: _____

___ My child has a **medical condition** that requires staff awareness and/or medical attention during school hours. List: _____

___ My child **does not** have any health problems or concerns at this time. I will update my child's record if any changes occur during the school year.

___ My child takes a **medication** (*oral, inhaler, epi-pen, diastat, insulin, etc.*) that requires staff awareness and/or medical attention during school hours. List: _____

___ My child takes **medication** at **HOME**. List: _____

___ My child has a **medication allergy**. List: _____

___ My child has an **environmental allergy**. List: _____

___ My child has a **food allergy**. List: _____

___ My child wears glasses/contacts.

If your child has a medical condition, medication (*oral, inhaler, epi-pen, diastat, insulin, etc.*) or allergy that requires staff awareness and/or medical attention during the school day, you **MUST** contact the school nurse to discuss and provide necessary information for implementing an Individualized Health Care Plan.

THIS MUST BE DONE EACH SCHOOL YEAR.

Doctor's Name: _____ Phone: _____ Preferred Hospital: _____

YES NO RELEASE OF INFORMATION: I, THE PARENT OR LEGAL GUARDIAN, GIVE MY PERMISSION FOR THIS INFORMATION TO BE SHARED WITH SCHOOL STAFF OR EMERGENCY MEDICAL PERSONNEL ON A "NEED TO KNOW BASIS", IN ORDER TO KEEP MY CHILD AS SAFE AS POSSIBLE.

PARENT/GUARDIAN: _____ **DATE:** _____

PHONE NUMBER: _____ **PHONE NUMBER:** _____