



Information on this form will need to be updated for each new school year. Please complete this form and return to the school office as soon as possible. In order to provide a safe and healthy environment for your child, this information will be reviewed by the school nurse and shared with those on the staff with whom the nurse deems necessary.

Minor health conditions that will not affect your child at school do not need to be listed on this form.

Student Name: _____ Date of Birth: _____ Grade: _____

Serious Health Conditions (Please Select the Appropriate Option Below)

My child does not have any health conditions that will affect him/her at school.
(If you choose this option, no further information is necessary. Please sign and date at the bottom of the page and return to the school office.)

My child has the following serious health condition(s):

Asthma: Will your child require an inhaler at school? Yes No

Cardiac diagnosis: _____

Restrictions: _____

Diabetes: Please list the date of diagnosis: _____

Please select method of treatment:

- Insulin Pump Independent
- Insulin via Pen Dependent
- Insulin via Syringe

Life-threatening allergy: Please list all allergens: _____

Will your child require an EpiPen or Auvi-Q at school? Yes No

If yes, you must also complete the "Epinephrine Administration Authorization" and "Life-threatening Allergy Individual Health Plan" forms. You may acquire these at the school office.

Seizure Disorder: Please specify: _____

Please list any medications that your child is using to treat their disorder: _____

Other Serious Health Condition(s): _____

Medications (Prescription, Supplemental, and Over-the-Counter)

All medications administered at school require a "Medication Request Form" available at the school office. All prescription medications must be in the original container with a pharmacy label that matches the health care provider's orders. Over-the-counter medications and supplements must be in the original container marked with the student's name.

Emergency Preparedness for Medical/Dietary Conditions

We request that parents/guardians of students with serious medical/dietary conditions provide medication and/or appropriate food to be kept at the school in case there is an emergency that would detain them at school.

Parent/Guardian Signature: _____ Date: _____