SHAMOKIN AREA SCHOOL DISTRICT

HEALTH INFORMATION

Student Name: _____ Today's Date: _____

Address: _____ Date of Birth: _____

Phone: _____ Grade: _____

The following information is considered confidential and is for use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day. If you prefer talking personally to the school nurse/health staff regarding any of the following statements, please mark here ____ and someone will contact you.

Home Phone: ( ) _____ Work Phone: ( ) _____ Signature: _____

Do you have medical insurance? Yes____ No____ What kind? _____

Family Doctor: _____ Family Dentist: _____

CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:

____ Cancer
____ Diabetes
____ Heart Disease
____ Autism
____ Allergy To: _____
____ Asthma Provoked by _____
Severe Yes____ No____

____ Kidney/Bladder Disease
____ Convulsions, Seizures
____ Orthopedic/Bone
____ Bowel Concerns

____ Vision Problems
____ Hearing Problems
____ In Counseling
____ Social/Emotional/Behavioral Concerns

____ ADD
____ ADHD
____ Chicken Pox Age_____

Has above condition been diagnosed by a medical doctor? Yes____ No____

If yes, what is the doctor's name? _____ Phone # ( ) _____

May we obtain this information? Yes____ No____ If yes, please sign a release of information obtained from the school nurse.

What does the child do to manage their own condition? _____

_____

How can the teacher help with this at school? _____

_____

What symptoms should we report to you? _____

_____

Takes medication daily at ____Home ____School

Medication is: _____ Dosage: _____ Time Given: _____

For: _____

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN AND PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD. YOU CAN OBTAIN THESE FROM THE SCHOOL NURSE.

Permission for hearing test? Yes____ No____

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e., limitations in activities, etc.).

TS:tjp