Medical Information Form

Student's Name:	Birthdate:	Grade:
Parent's Name:	(Office Use Only)	(Office Use Only)
E-mail:	Telephone #1: #2:	
Family Doctor:	Date of Last Physical:	

	Yes	No
Do you have health insurance? Provider/Company:____________________________________	❑	❑
Has your child been seriously ill or hospitalized during the year?	❑	❑
For what reason — If yes, is he/she still under care of physician?	❑	❑
Are there health services needed in school? — If yes, services needed:	❑	❑
Does your child have allergies? — If yes, what?	❑	❑
***If your child needs medication at school for allergies, your doctor must sign a permission form each school year.**		
Does your child have asthma? — What medications are used?	❑	❑
***If your child needs to carry an inhaler to school, your doctor must sign a permission form each school year.**		
Does your child have a seizure disorder?	❑	❑
Does your child have any heart disease?	❑	❑
Has your child had a history of depression?	❑	❑
Has your child had a history of anxiety?	❑	❑
Is your child taking any medication on a regular basis?	❑	❑
If yes, please name medication and reason:		
Does this medication need to be administered at school?	❑	❑
If **yes**, please complete a "Permission to Dispense Medication" form and have it signed by parent and doctor.		
Has your child had any vision problems?	❑	❑
If yes, please explain — Eye Doctor — Date of last exam:		
Has your child had any hearing problems?	❑	❑
If yes, please explain — Audiologist — Date of last exam:		
Does your child have dental problems?	❑	❑
If yes, please explain — Dentist — Date of last exam:		
Does your child have any dietary restrictions?	❑	❑
If yes, please explain:		
Restrictions in diet must be ordered by your family physician.		
Are there any health/medical records we should request?	❑	❑
If yes, what and from where? (*Parents/ Guardians may need to fill out a separate Release of Information Form)		
Would you like an individual meeting with the school nurse?	❑	❑
When would you like to have this meeting?		

EMERGENCY CONTACTS: (If unable to reach parents)		
Name	Relationship	Phone
Name	Relationship	Phone
PLEASE REMEMBER TO KEEP ALL CONTACT INFORMATION UP TO DATE.		

Continued on other side
Please complete both sides

Medical Information Form
(side 2)

Section 1: No Health Problems _______

Section 2: Serious Health Concerns—check all that apply

___Asthma
___Diabetes
___Severe allergy → Allergic to____
___Seizures → Type of seizure____
___Other → Explain____

Section 3: Medication – check all that apply

___Insulin/glucagon → ___Student carries ___Located in school health office ___not needed at school
___Insulin pump → ___Student carries ___Located in school health office ___not needed at school
___Inhaler → ___Student carries ___Located in school health office ___not needed at school
___Epi-Pen → ___Student carries ___Located in school health office ___not needed at school
___Diastat → ___Located in school health office ___not needed at school
___Medication Drug________________________________ Dose_______________ Time ______________
___Medication has been provided to school ___Medication **not** needed at school

Care Plan Reminders/ Individual Health Plan (IHP'S)

- Students with **asthma, allergies, diabetes, seizures or any other long term medical condition** are asked to complete a care plan with medical information to be shared with staff.
- Please let the nurse in your school know if there are any changes in your child's health.

I request that pertinent health information regarding the above student be given to the appropriate school staff at the discretion of the school nurse.

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Parent Signature

Release of Information

I_________________________ (Parent's Name) request that my child's most current **Health Physical** be released to the Nurse at New Century Academy or New Discoveries Montessori Academy for their medical file at school. This release expires one year from the date signed.

_______________________________(Child's Name)____________(Date of Birth)__________________________(Clinic)

____

Parent's Signature Date:

Continued on other side

Please complete both sides