

NEBO SCHOOL DISTRICT
STUDENT HEALTH INFORMATION

Student's Name _____ Birth Date _____ Sex _____

MEDICAL HISTORY

Family Doctor _____ Phone _____

Special needs or health concerns _____

Medications: _____

Allergies _____ Does your child have or carry an EPI Pen? Yes No
Does your child have or carry an Inhaler? Yes

YES NO HAS YOUR CHILD EVER HAD (If yes, please describe)
____ ____ Asthma or Breathing Problems? (List medications that your child is taking) _____

____ ____ Orthopedic or Bone Problems? _____

____ ____ Heart Disease or Murmur? _____

____ ____ Kidney Disease? _____

____ ____ Seizures? (Type, how often and list any medication your child is taking) _____

____ ____ Has your child had the Chicken Pox disease?

____ ____ Has your child had a Serious Accident or Injury that will effect his/her learning ability?

____ ____ Does your child wear glasses? Reason for glasses: _____

Medication: Is your student on medication that may need to be administered during school? Yes No

If yes, what medication and reason for the medication:

For a student to have medication at school the proper paperwork must be completed by parent and physician and returned to school before any medication can be given. This includes over the counter, prescription medications (including inhalers, EPI pens, and insulin). You can obtain the form and or forms from the office.

IT IS A VIOLATION OF THE DISTRICT DRUG FREE POLICY FOR STUDENTS TO CARRY ANY MEDICATION. The only exception to this policy is an inhaler, Epi Pen and insulin with proper signed paper work filled out by the Doctor and signed by the parent.

Signature of Parent/Guardian _____ Date _____

PLEASE NOTE: The information requested is considered to be essential for planning a program each year which will meet the needs of your child. This information will be kept confidential and only staff who work directly with your student will have access to the information.