



STUDENT HEALTH FORM 2024-2025

STUDENT'S LEGAL NAME: FIRST, MIDDLE, LAST - _____ age: _____

GRADE STUDENT WILL BE ENTERING IN THE FALL OF 2024: _____ GENDER: male _____ female _____ DOB: ___/___/___

NEW STUDENTS ENROLLING

IF YOU GET IMMUNIZATIONS FOR YOUR CHILD, PLEASE ATTACH A CURRENT COPY FROM YOUR CHILD'S PHYSICIAN OR CLINIC.
IF YOUR CHILD DOES NOT GET IMMUNIZATIONS, PLEASE ATTACH A SIGNED AND NOTARIZED RELIGIOUS EXEMPTION FORM.
WE CAN PROVIDE THIS FORM IF NEEDED. STUDENTS WILL NOT BE PERMITTED TO ENROLL WITHOUT PROOF OF STATE
REQUIRED IMMUNIZATIONS OR RELIGIOUS EXEMPT FORMS.

MEDICATION:

DOES YOUR STUDENT TAKE MEDICATIONS? no yes DIAGNOSIS/REASON _____

MEDICATION DOSE TIME(S)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH INFORMATION:

PHYSICIAN'S name: _____ PHONE: _____ DATE OF LAST VISIT: _____

DENTIST'S name: _____ PHONE: _____ DATE OF LAST VISIT: _____

HOSPITAL PREFERENCE: _____

HAS YOUR CHILD HAD OR DOES YOUR CHILD HAVE ANY OF THE FOLLOWING ILLNESSES OR DISEASES?

CHICKEN POX no yes _____ MONONUCLEOSIS no yes _____

HEPATITIS no yes _____ SCARLET FEVER no yes _____

MENINGITIS no yes _____ OTHER CONTAGIOUS DISEASE no yes _____

** FOLLOWING ON NEXT PAGE **



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- ASTHMA: YES NO
- ADD: YES NO
- BEHAVIOR PROBLEMS: YES NO
- BLADDER PROBLEMS: YES NO
- BOWEL PROBLEMS: YES NO
- BROKEN BONES: YES NO
- DENTAL PROBLEMS: YES NO
- DIABETES: YES NO
- FREQUENT EAR INFECTIONS: YES NO
- HEAD INJURY/CONCUSSION: YES NO
- HEARING PROBLEMS: YES NO
- HEART PROBLEMS/MURMUR: YES NO
- HOSPITALIZATIONS: YES NO

- INJURIES/ACCIDENTS: YES NO
- PHYSICAL LIMITATIONS: YES NO
- MENTAL/EMOTIONAL PROBLEMS: YES NO
- PNEUMONIA: YES NO
- RASH/BIRTH MARK/SCAR: YES NO
- SEIZURE DISORDER: YES NO
- SPEECH PROBLEMS: YES NO
- SURGERIES: YES NO
- SUTURES/STITCHES: YES NO
- TUBES IN EARS: YES NO
- VISION PROBLEMS: YES NO
- ALLERGIES: YES NO
- WEARS GLASSES/CONTACTS: YES NO

PLEASE EXPLAIN YES ANSWERS HERE:

CHILD HISTORY:

DID THE CHILD HAVE ANY PROBLEMS FROM BIRTH TO THE FIRST YEAR OF AGE? YES NO

IF YES, PLEASE EXPLAIN:

STUDENT CONCERNS:

DO YOU HAVE ANY CONCERNS ABOUT YOUR STUDENT'S:

- VISION: NO YES HEARING: NO YES ATTENTION SPAN: NO YES
- SPEECH: NO YES BEHAVIOR: NO YES ABILITY TO LEARN: NO YES EMOTIONAL DEVELOPMENT: NO YES
- PHYSICAL DEVELOPMENT: NO YES

IF YES, PLEASE EXPLAIN:



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EMERGENCY BENADRYL AUTHORIZATION:

I GIVE THE SCHOOL NURSE PERMISSION TO ADMINISTER BENADRYL UNDER A STANDING PRESCRIPTION ORDER BY AN ADVISING PHYSICIAN DURING AN EMERGENCY MEDICAL SITUATION IF THERE IS A SUSPECTED ALLERGY SITUATION.

NO YES

SIGNATURE OF PARENT/GUARDIAN

DATE

EMERGENCY EPIPEN AUTHORIZATION:

I GIVE THE SCHOOL NURSE PERMISSION TO ADMINISTER EPIPEN UNDER A STANDING PRESCRIPTION ORDER BY AN ADVISING PHYSICIAN DURING AN EMERGENCY MEDICAL SITUATION IF THERE IS A SUSPECTED ALLERGY SITUATION.

NO YES

SIGNATURE OF PARENT/GUARDIAN

DATE

VERIFICATION:

IN CASE OF ILLNESS OR INJURY OF MY STUDENT, I UNDERSTAND THE SCHOOL WILL ATTEMPT TO CONTACT PARENTS OR GUARDIANS FIRST. THEN THEY WILL CONTACT THE OTHER PERSONS I HAVE LISTED- WHO ARE AUTHORIZED TO RECEIVE INFORMATION, MAKE CERTAIN MEDICAL DECISIONS, AND HAVE MY STUDENT RELEASED TO THEIR CUSTODY. IF NOT IS AVAILABLE, THE SCHOOL IS AUTHORIZED TO MAKE WHATEVER ARRANGEMENTS ARE DEEMED NECESSARY TO MAINTAIN MY STUDENTS HEALTH, INCLUDING, BUT NOT LIMITED TO, EMERGENCY MEDICAL TREATMENT.

I AM THE LEGAL PARENT/GUARDIAN OF THIS STUDENT NO YES INITIALS: _____

IF YOU ARE NOT THE LEGAL PARENT/GUARDIAN OF THIS STUDENT, PLEASE STATE YOUR RELATIONSHIP TO THE STUDENT: _____

I VERIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND CURRENT

SIGNATURE OF PARENT/GUARDIAN

DATE