

LEWIS-PALMER SCHOOL DISTRICT 38

School Year \_\_\_\_\_

Health Information Form

TO: All Parents

FROM: School Nurse

This information will help us provide the best services for your child. Thanks for your cooperation.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)' Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name, Address and Phone (indicate if none) \_\_\_\_\_

Dentist's Name, Address and Phone (indicate if none) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

CURRENT HEALTH CONCERNS

Check the conditions listed below if student currently has any of the following:

- Checkboxes for ADD, ADHD, Allergies, Asthma, Asperger's, Autism, Congenital Defects, Depression, Diabetes, Developmental Delays, Head Injuries, Heart Condition, High Blood Pressure, Migraines, Mood Disorder, Neurological Disorder, Orthopedic Problems, Prematurity, Seizures/Epilepsy, and Other.

If you checked any of the above please explain: \_\_\_\_\_

Is your child under medical care for any of these problems? Yes \_\_\_ No \_\_\_ If so, please explain: \_\_\_\_\_

- Series of questions regarding medication, immunizations, injuries, physical conditions, prosthetic devices, vision, hearing, physical exams, dietary limitations, and previous conditions.

I give permission for this information to be shared with adults in the school setting who will be working with my child on a need to know basis. It is the responsibility of the parent to notify the school nurse whenever there is any change in the student health status or care.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_