STUDENT HEALTH INFORMATION

Provo City School District

Student's Name: _____ Sex: _____ Birth Date: _____ Grade: _____

Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Student lives with: □ Both parents □ Mother □ Father □ Other _____

Healthcare Provider or Clinic Name: _____

MEDICAL HISTORY

The school nurse or health clerk may contact you for more information. Health information will be shared with school staff members on a "need to know" basis only. Please feel free to contact the school nurse at any time to update your student's health information.

YES	**NO**	Does your student have the following:
□	□	Food or insect bite allergies (type and severity) _____
□	□	Asthma or other respiratory condition (type and severity) _____
□	□	ADD/ADHD/Autism (type and severity) _____
□	□	Bone disease/deformity _____
□	□	Heart condition or murmur (list any activity limitations) _____
□	□	Kidney condition/ disorder _____
□	□	Cancer/blood disorder _____
□	□	Neuro/muscular disorder _____
□	□	Skin condition _____
□	□	Stomach/bowel condition _____
□	□	Diabetes _____
□	□	Epilepsy/Seizures (list type and frequency) _____
□	□	Immune system disorder _____
□	□	Mental health disorder _____
□	□	Has your child had the Chickenpox disease? (if yes, what age) _____
□	□	Serious accident or injury _____
□	□	Had a vision exam? If yes, when was the last vision exam? _____
□	□	Wear glasses? If yes, what is the diagnosis?: _____

Any other health concerns that you would like the school nurse to know about? _____

_____

_____

MEDICATION

Does your student need to take any medications while at school? □ Yes □ No

If yes, what type(s) and reason: _____

*All medications (with the exception of asthma inhalers, epi-pens, and diabetes medications) must be kept in the office and administered by staff. A Medication Authorization Form signed by your healthcare provider is required before we can administer any medications. *Note: Students may have and self-administer asthma inhalers, epinephrine pens, and diabetes medications at school, however we need to have a form on file signed by your healthcare provider. These forms are available in the office and need to be updated each school year.*

_____

Signature of Parent/Guardian Date