

## Bethany Elementary Student Health Information

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Grade/Teacher: \_\_\_\_\_

### **Please mark ALL of the following health conditions associated with your child:**

- |   |   |
|---|---|
| <input type="checkbox"/> Wears glasses  | <input type="checkbox"/> Diagnosed and remains with a known vision loss                                 |
| <input type="checkbox"/> Frequent ear infections or earaches                                | <input type="checkbox"/> Diagnosed and remains with a known hearing loss                                |
| <input type="checkbox"/> Diagnosed with Asthma*   | <input type="checkbox"/> Has current medications prescribed for the treatment of Asthma*                |
| <input type="checkbox"/> Has been diagnosed with an Attention Disorder by a medical doctor* | <input type="checkbox"/> Has a current medication prescribed for the treatment of an Attention Disorder |
| <input type="checkbox"/> Diagnosed with Diabetes*   | <input type="checkbox"/> Experienced any type of Seizure Disorder                                       |
|   | <input type="checkbox"/> Seizure Medications to be taken at home or school                              |

### **Allergies (Please list):**

- Food\* \_\_\_\_\_
- Medicine\* \_\_\_\_\_
- Insects \_\_\_\_\_
- Has an Epi pen ever been prescribed for your child's allergy?
- Will one be placed on hold for emergency use in the school clinic?

### **Has ever been diagnosed with:\***

- Cerebral Palsy (Explain limitations if applicable)
- Cystic Fibrosis
- Muscular Dystrophy
- Tuberculosis
- History of a serious accident or injury? List:
- Daily medications (other than vitamins or occasional over the counter medications)  
**List medications that will be taken at school\*\*:**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\* Clinic Action Plan will be requested from your child's doctor stating the steps of action to take regarding the diagnosed medication condition.

\*\* See reverse side for guidelines to administer medications on campus. School Nurse can provide appropriate form.

## Medication Information from your school nurse

Students who must take medication during school hours may do so only under the following conditions:

1. Only medications that cannot be scheduled for other than school hours may be given.
2. All prescription medicine must be in the original container and have the pharmacist's label bearing the child's name and directions.
3. All non-prescription medicine must be in the original container. (We cannot accept medications that are brought to school in baggies, envelopes, Tupperware®, etc.) Please do NOT put medicines in your child's lunch bag!
4. All medications must be accompanied by a written request (Medication Form HS001) from the parent/guardian with explicit instructions to administer the medication. All medicines are to be brought to the nurse's office. No medication should be sent to the teacher.
5. No medication is provided by the school.
6. Authorized district employees may administer medication in the absence of the school nurse.

\* Clinic Action Plan will be requested from your child's doctor stating the steps of action to take regarding the diagnosed medication condition.

\*\* See reverse side for guidelines to administer medications on campus. School Nurse can provide appropriate form.