



ANNUAL STUDENT HEALTH INFORMATION

(to be completed by parent/guardian)

STUDENT NAME: _____ DATE OF BIRTH: _____ GRADE: _____

PLEASE CHECK ANY OF THE FOLLOWING CONDITIONS THAT AFFECT YOUR CHILD:

YES NO

- ADHD
- Allergies (please specify)
Food _____

- Epinephrine prescribed _____
Medication _____
Animal _____
Environmental _____

- Anxiety
- Asthma
- Autism/Aspergers Spectrum
- Cancer
- Depression
- Diabetes
- Hearing concerns

YES NO

- Stomach/Bowels
- Migraines
- Heart/Lung
- Kidney/Bladder
- Orthopedic
- Seizures
- Vision -contacts / glasses / other

- Other

Please give specifics for any of the above marked YES:

History of surgeries, major illness or injury: _____

Is the student currently under any kind of on going medical treatment or care? Yes No

Currently taking any medication on a regular basis (prescription or over the counter)? Yes No

List name, dose, times and reason for taking. _____

Medical/Nursing care needed at school (describe in detail). _____

Please note that health concerns such as diabetes, seizures, asthma, and severe allergic reactions will need additional health care plans. Please contact your school nurse as soon as possible to schedule an appointment to complete this information.

Physician's name _____ phone# _____

Dentist's name _____ phone# _____

Specialist's name _____ phone# _____

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. I agree to alert the school nurse of any change in medication and/or health status of my child. I will furnish the school with a current telephone number and address in case of emergency.

EMERGENCY AUTHORIZATION:

I agree that in an emergency, any Rockwood representative may transport or authorize the transportation of my child to a hospital/medical facility and I authorize any physician or other medical personnel to carry out any diagnostic procedures or emergency care deemed necessary. I prefer my child be taken to _____ hospital. I understand that the cost of medical attention and ambulance are my responsibility. I acknowledge that the foregoing above information is true and correct.

SIGNATURE OF PARENT (Legal Guardian if child is in custody of anyone other than parent)

DATE