

ANSLEY PUBLIC SCHOOLS

Student Name: _____

Grade: _____

Date: _____

Health Information

The following information is considered confidential and is for use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day. If you prefer talking personally to the school nurse/health staff regarding any of the following statements, please mark here _____ and she will contact you.

Home Phone: () _____ Work Phone: () _____ Signature: _____

CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:

<input type="checkbox"/> Cancer	_____	Kidney/Bladder Disease	_____	Vision Problems	_____	ADD
<input type="checkbox"/> Diabetes	_____	Convulsions, Seizures	_____	Hearing Problems	_____	ADHD
<input type="checkbox"/> Heart Disease	_____	Orthopedic/Bone	_____	Social/Emotional/Behavioral Concerns	_____	
<input type="checkbox"/> Autism	_____	Bowel Concerns	_____	In Counseling	_____	

_____ Allergy To: _____ Severe Yes _____
 _____ Asthma Provoked by: _____
 Severe Yes _____ No _____

Do you have medical insurance? Yes _____ No _____ What kind? _____

Has above condition been diagnosed by a medical doctor? Yes _____ No _____

If yes, what is the doctor's name? _____ Phone # () _____

May we obtain this information? Yes _____ No _____ If yes, please sign a release of information obtained from the school secretary.

What does the child do to manage their own condition? _____

How can the teacher help with this at school? _____

What symptoms should we report to you? _____

Takes Medication Daily at _____ Home _____ School

Medication is: _____

For: _____

IF YOUR CHILD MUST RECEIVE PRESCRIPTION OR OVER-THE-COUNTER MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED. YOU CAN OBTAIN THESE FROM THE SCHOOL SECRETARY.

Permission for hearing test? _____ Yes _____ No

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e., limitations in activities, etc.).

