

Pulaski County Schools Health Information Form

School Year: **2018-2019** School: _____ Teacher: _____ Grade: _____

Dear Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. Please complete this form and return it to the school nurse within the 1st week of school. All medical information is kept confidential. It is only shared with Pulaski County School Staff who are responsible for your child's care at school. **Your child will not be allowed to participate in field trips, sports or other extracurricular activities until the school nurse has this signed and completed form on file in the school clinic.**

Student's Name: _____ Birth date: _____

Parent/Guardian _____ Phone: Home: _____ Work: _____ Cell #: _____

Emergency Contact(s) _____ Phone: _____

Doctor Name: _____

My child has the following allergies: Foods: _____ Epi Pen needed Yes No
 Bees/Insect: _____ Epi Pen needed Yes No
 Latex: _____ Epi Pen needed Yes No

Please check any of the following that apply to your child's health.

**Asthma Inhaler Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		Hearing Problems/deafness Hearing Aid needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attention Deficit/Hyperactivity Disorder (ADD/ADHD)		Hypoglycemia (low blood sugar) Blood sugar monitoring needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anemia/Bleeding Problems		Lead Poisoning	
Autism		Kidney Disease/transplant	
Behavioral Problems		Mental Health Concerns	
Bladder/ Problems and/or wetting accidents		**Seizures	
Bone/ Joint Disorders/Muscle Problems		Scoliosis	
Bowel problems and/or accidents		Sickle Cell Disease	
Cancer		Skin Problems/Disease	
Cerebral Palsy		Speech Problems	
Cardiac/Heart Problems/Hypertension		Spina Bifida/Spinal injury	
Cystic Fibrosis		Stomach/Intestinal Problem	
Dental Problems/Cavities		Sleep apnea	
Depression		Seasonal Allergies	
Developmental Delays/Problems		Thyroid Disease	
*Diabetes		Weight Problems	
Dizziness/Fainting Spells		Vision Problems/blindness Glasses/Contacts needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eating Disorders/problems		Medication Allergies: (please list)	
Emotional Problems			
Frequent headaches/Migraines		Other Health Problems (please list)	
Frequent Nosebleeds			
Head injury/concussions			

*** Please talk with school nurse about completing a Healthcare plan and medication authorization form.**

Please complete and sign page 2

Please discuss any health problems and/or special medical procedures you have checked (some health problems may require Medication Administration at school and/or a written health care plan. The school nurse will provide you with the needed Medication Authorization Forms and/or care plans)

Check here if you want to talk with the school nurse about your child’s health concerns. Yes No

Medications taken by your child may cause side effects, allergic reactions, changes in personality and other problems. Please list all prescription, over-the-counter, and herbal medications your child is taking at **Home** or at **School** (**medications at school require written authorization from parent and doctor**). Forms are available at your child’s school.

List of medications	Dosage	Time(s) Taken	Taken at Home	Taken at School

- Does your child have: Private Insurance
 Medicaid
 FAMIS
 Has no insurance

Does your child have Dental Insurance Yes No

FAMIS is a state and federally funded health insurance program designed to cover children who do not qualify for Children’s Medicaid and who do not have private health insurance. Medical, hospitalization, prescription, vision and dental services are provided by FAMIS. If you have questions or would like to sign up for FAMIS you can call toll free **1-855-242-8282**, or visit www.coverva.org for more information or to apply online. You may also apply at your local Department of Social Services.

Signature of Parent/Guardian completing Health Information Form:

Parent/Guardian: _____ Date: _____

****If your child’s health condition should change, please notify the school nurse.**

Revised: June 13, 2018