

*In order to provide the safest environment for your child while at school, it is important for school health officials and staff to be aware of any past medical conditions that could affect your child during the school day. Below are questions to help us know how to best care for your child and/or make arrangements in advance to provide a safe environment. Please return with your child on the next school day.*

**HEALTH INFORMATION** (please answer all questions)

SCHOOL YEAR: \_\_\_\_\_

Name: \_\_\_\_\_ M F Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (MI)

Does your child have a **current or past** medical diagnosis of any of the following conditions? Circle all that apply.

- |                                |                 |       |      |                         |
|--------------------------------|-----------------|-------|------|-------------------------|
| ASTHMA OR LUNG CONDITIONS      | HEARING LOSS    | RIGHT | LEFT | KIDNEY DISORDER         |
| ADD/ADHD OR BEHAVIOR DISORDERS | HEARING AID     |       |      | BROKEN BONES OR SPRAINS |
| WEAR CONTACTS/GLASSES          | HEART CONDITION |       |      | DIABETES                |
| BLOOD DISORDER/SICKLE CELL     | CEREBRAL PALSY  |       |      | HIGH BLOOD PRESSURE     |
|                                | SEIZURES        |       |      | PAST SURGERIES          |

Any other medical conditions not listed above that your child has ever been diagnosed with or received treatment for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies to **food, medication, or environment**? YES or NO

If yes, please list specific allergy below and reaction. Please list any medicine or needed during reaction. What do you usually do if it happens at home? (ex. Benadryl, epi-pen, rescue inhaler)

*\*This is extremely important so school staff and cafeteria staff with OPAA Food management staff can be aware.\**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What medication(s) is your child currently taking?

Please be aware if any medications are needed for allergies or need to be given at school, additional forms **must be signed** by a parent/guardian with the school nurse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I will notify the school of any change in address, phone number, emergency contact or my child's health status.**

I understand that the above information may be released to appropriate School District employees and emergency personnel in order to facilitate health care for my child. I also understand that in the event of an emergency, EMS will treat and transport my child to the nearest hospital. The hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

For any questions call 870-358-2913 and ask to speak with the nurse.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_