

____ I would like to talk with the school nurse regarding the health status/care of my child (please list phone number and time of day you can be reached): _____

Equipment or aids used by your child: _____ Glasses/Contacts _____ Wheelchair _____ Hearing Aid _____ Crutches _____ Walker other (please list): _____

Special medical procedures required by your child during the school day (nebulizer, blood sugar monitoring, tube feeding, catheterization, etc.) These may require a doctor's order- please consult with the school nurse:

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

Medication	Dosage	Time(s) Taken	Taken at Home	Taken at School

Is your child covered by: _____ Private Insurance _____ Medicaid _____ FAMIS _____ Has no insurance

____ I would like the school nurse or a member of the FAMIS Outreach Project to contact me regarding enrolling my child into FAMIS. 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.

Does your child see a dentist for regular dental care? Yes ___ No ___

If yes, name of dentist: _____

If no, I would like information to assist me in locating dental services for my child. Yes ___ No ___

I give permission for the school to contact my child's health care provider about the information on this form. Yes ___ No ___

Signature of Parent/Guardian completing Health Information Form:

Parent/Guardian: _____ **Date:** _____