



East Otero School Dist. R1 Health Status Update

Student Name _____

Date of Birth _____ **Age** _____ **M** _____ **F** _____

School _____ **Grade** _____

New Student: Has this student attended the East Otero School District in the past **Y** ___ **N** ___ **Year** _____

The following information will be kept in the strictest confidence. This information is important in order to offer your child the best opportunities to learn and address their health and safety needs.

❖ **ALLERGIES** (Food, Medication, Environmental): _____

What type of reaction does your child experience? _____

❖ **HEALTH CONDITIONS:** (circle all that apply)
Asthma Diabetes ADHD Seizures Other: _____

Wears Glasses Wears Contacts Uses Hearing Aids

Does your child have any activity restrictions or require any special procedures because of health problems? **Y** ___ **N** ___

If yes, please explain: _____

Any major illness, surgery, injuries, or hospitalizations? (explain) _____

Any emotional trauma that may need further evaluation? (explain) _____

❖ **MEDICATIONS:** List all medications your child takes on a regular basis, including inhalers, insulin, Epi-pen, etc

<u>Name of Medication</u>	<u>Dose/Time</u>	<u>Used to Treat</u>	<u>Taken at School?*</u>
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___
_____	_____	_____	Y ___ N ___

**A medication permission form is required for all meds given at school. Please request from school office.*

***This includes all prescription AND over the counter medication (cough drops, Tylenol, etc.)*

❖ **Family Doctor:** _____ **Family Dentist:** _____

Insurance Coverage: ___ **Private** ___ **No Health Insurance** ___ **CHP+** ___ **Medicaid #** _____

I, the undersigned, do hereby authorize officials of East Otero School District to obtain necessary treatment, in their judgment, in the event parents or other persons listed on the emergency contact information cannot be located. I will not hold the school district financially responsible for the emergency care and/or transportation of said child. I give my permission for information concerning my child's health to be shared with adults on a need-to-know basis.
Health information may be made available to employees of EOSD.

Signature of Parent or Guardian

Date