West Irondequoit Central School District

Confidential Student Health Information Update

(To be completed by parent/guardian)

Student Name_____ **Birthdate**_____ **Sex**___ **School**_____ **Grade**___

MEDICAL HISTORY: Please check any health condition(s) that pertains to your child.

☐ Asthma	☐ Elevated Blood Pressure	☐ Hearing/Ear concern
☐ Bladder/Kidney Problem	☐ Emotional concern	☐ Heart problem/Murmur
☐ Blood disorder	☐ Fainting spells	☐ Seizures
☐ Dental problems	☐ Fracture/Dislocation/Injury	☐ Vision/Eye concern
☐ Diabetes	☐ Headaches	☐ Other: _____

Please explain your child's specific needs for any checked areas:_____

_____

ALLERGIES AND TREATMENT REQUIRED: List all specific allergens.

Food:_____

Bees/Insects:_____

Medications:_____

Environmental/Other:_____

Are these allergies Life Threatening?_____

Usual treatment:_____

MEDICATIONS: Please list any prescription or non prescription medication taken on a regular basis. Information about medications is included in the student's cumulative health record which is kept on file in the Health Office.

At Home:_____

At School:_____

Please indicate below, which School Personnel you would like to be aware of your child's medications.

_____

All medications administered at school require written parental consent and a physician's order. Please obtain a current medication form from the school nurse if/when your child needs medication in school. All medication will be kept in the School Health Office for administration by the nurse. All students who self carry medication must also submit a "Parent and Prescriber's Request For Student Self Medication" to be kept on file in the School Health Office.

PERMISSION: <u>Please read the following three areas and include your signature as appropriate.</u>

<u>I give my permission</u> *for the School Nurse to inform the appropriate Building Administrators, Faculty, Special Services, and Emergency Medical Services of my child's health information and needs.*

PARENT/GUARDIAN SIGNATURE_____ **DATE**_____

Please specify below which additional School Personnel should be informed and instructed about your child's health needs.

☐ Teacher Assistant ☐ Bus Driver ☐ Cafeteria ☐ Lunch Monitor ☐ Coach ☐ Trainer Other_____

<u>I do not give permission</u> *for my child's health information to be disclosed to School Personnel.*

PARENT/GUARDIAN SIGNATURE_____ **DATE**_____

I have read and reviewed the Confidential Student Health Information Update form and do not have any information to report at this time.

PARENT/GUARDIAN SIGNATURE_____ **DATE**_____

Confidential Health Form Effective: September through June of current school year