



SCHOOL NURSE HEALTH INFORMATION 2017-2018

In order to provide a safe and healthy environment for your child this confidential information will be accessible to: School Nurse, applicable school staff & emergency medical personnel.

Name: _____ Birthdate: _____ Sex: M/ F _____
Last First MI

School: _____ Grade: _____ Date: _____

SERIOUS HEALTH CONDITIONS (check appropriate box below)

If your child has a serious medical condition, **it is vital that you discuss this with your School Nurse immediately.** Massachusetts General Laws, chapter 30A, section 8 and chapter 112, section 80B requires medication and/or treatment orders, medications and health care plan to be in place PRIOR to the start of school.

- My child **does not** have any serious health conditions that will affect him/her at school.
- My child has the following serious health condition(s) – Check boxes below:
 - Allergy (**life threatening** – requires an epinephrine prescription such as Epinephrine Auto Injector).
Allergens: _____ Date of last reaction: _____
 - Asthma – Will your child require a rescue inhaler (such as Albuterol) at school? _____ Yes or no?
 - Cardiac diagnosis: _____
Restrictions: _____
 - Diabetes (Date of diagnosis: _____) Type 1 Type 2
 Insulin Pump Insulin Pen Insulin via syringe
 - Seizure Disorder (Date of diagnosis: _____) (Date of last seizure: _____)
 Type: _____ Rescue Medication: _____ Yes or no?

OTHER HEALTH CONDITIONS (check appropriate box below):

- My child **does not** have any other health conditions that will affect him/her at school.
(If this box is checked, no further information is necessary. Please complete/sign/date* the bottom and return to school office).
- History of a Concussion (diagnosed by a licensed health care provider) - Date of concussion _____
- Hearing concerns? Does your child wear hearing aids? Does your child have a known hearing loss?
- Vision concerns? Glasses Contacts
- ADD/ADHD Autism Bleeding/Clotting problems Depression Kidney Disease Other _____

Is there any medical or emotional condition that the school should be aware of?

Is there any family situation (example: military deployment, separation, recent death) that the school should be aware of?

MEDICATIONS: Prescription, supplements, over-the-counter (eye drops, ointments, etc):

Medication(s) your child is currently receiving: _____

Does your child require medication at school on a regular or as needed basis? Yes No

*I give permission to the School Nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.
I give permission to the School Nurse to exchange information with my child's health care providers for the purpose of referral, diagnosis, and treatment.*

Parent/Guardian, please print _____

*Signature (Parent/Guardian): _____ Date: _____