

**DISTRICT 4J SCHOOLS
HEALTH SERVICES**

Student Name _____ School _____

Date of Birth _____ Date _____ Grade _____

HEALTH PROBLEM ASSESSMENT

You have checked on school records that your student has a **health problem**. It is important to have current health information & direction when your student needs help at school. Please complete this form & return it to your student's school so that appropriate instructions may be given to school personnel. Your school nurse is available for consultation.

Diagnosis: _____

Usual Treatment: _____

Provider currently treating student's health problem: _____ (phone #) _____

IS MEDICATION NEEDED TO TREAT THIS HEALTH PROBLEM? Yes _____ No _____ (List medications below)

<u>MEDICATIONS</u>	<u>AMOUNT TAKEN</u>	<u>WHEN - TIME</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

(Circle number of any of these medications to be taken at school.)

Will your student require assistance from school staff? Yes _____ No _____

Does your child ride the school bus? ___No ___Yes

If you want the school nurse to be aware of other comments or special directions, list them here:

Student Name _____

Parent/Guardian Contact #1

Emergency Contact #2

Emergency Contact #3

Name _____

Name _____

Name _____

Relationship _____

Relationship _____

Relationship _____

Address _____

Address _____

Address _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

Cell _____

Cell _____

Cell _____

AMBULANCE PERMIT

I give consent for the school principal, school nurse, or other school personnel to use their judgment in securing further medical aid and to call an ambulance to take my (son, daughter)

_____ to _____ Hospital in case parent/legal guardian cannot be reached.

The above information may be shared with ambulance personnel. **PERMISSION: ___ YES ___ NO**

To provide for your child's safety and educational experience the above information will be shared with school staff, included in your child's school health record and may be shared electronically.

Signature of Parent/Guardian

Date (Valid One Year)

RETURN THIS FORM TO THE SCHOOL

DATE

SIGN / INITIAL

STUDENT COMPUTER SYSTEM ENTRY _____

INFORMATION SHARED WITH STAFF _____

Additional notes: _____
