

**WALNUT GROVE R-5 SCHOOL DISTRICT
ANNUAL STUDENT HEALTH INVENTORY UPDATE**

Your child's learning depends upon good health. To assist in providing health services at school, please complete the following form and return to the School Nurse.

STUDENT'S NAME: _____ male/female (circle) Birth date: _____

Last First

Health Insurance? Yes or No (circle one) Company Name/Policy# _____

Medicaid? Yes or No (circle one) ID# _____

PARENT/LEGAL GUARDIAN'S NAMES: _____

PHONE NUMBERS (home, work, cell): _____

EMERGENCY CONTACTS: 1.) _____
(Other than parent) Name Phone

2.) _____
Name Phone

DOCTOR'S NAME: _____ ADDRESS/PHONE: _____

IN AN EMERGENCY if the above numbers have been exhausted may the school use their judgment in calling the doctor listed above?
YES or NO (circle one). If no, please be very specific about the steps to be taken to ensure your child's safety:

HEALTH HISTORY (complete in its entirety)

List **ALL ALLERGIES** to MEDICATIONS, FOOD and/or OTHER SUBSTANCES. (Including specific reaction):
If none, so state:

LIST ALL MEDICATIONS TAKEN BY THIS STUDENT: (even if not given at school) (if none so state)

	Name of Medication	Dose	Time Taken
1.			
2.			
3.			
4.			

If need, please continue medication list on a back of form.

List **ALL HEALTH PROBLEMS, physical, mental, or injuries** that affect your child: *If none, so state:*

May we have your permission to give or use on your child any of these nonprescription medications as directed if needed? (Need will be determined by school personnel, not the child.)

- 1) Acetaminophen/Tylenol: **YES or NO** 2) Ibuprofen/Motrin: **YES or NO** 3) Cough drops/Throat lozenges: **YES or NO**
4) Antibiotic Ointment: **YES or NO** 5) Calamine Lotion/Hydrocortisone Cream: **YES or NO** 6) Anbesol/Oragel (for tooth pain): **YES or NO**
7) Saline Eye Drops: **YES or NO** 8) Vaseline/Lotion: **YES or NO** 9) Tums/Antacid: **YES or NO**

No medication will be given to any student at school without parent/guardian's permission.

Please Review the Following information:

- Decisions regarding some health interventions may be based on the accuracy of information provided on this form.
- Unless otherwise noted by a parent or guardian, your child may be screened by school/health personnel for the following: vision, hearing, height, weight, dental, blood pressure, scoliosis, speech, etc.

WALNUT GROVE R-V School district has the following policies:

- Students must be fever/vomit free for 24 hours **without medication** before being allowed to return to school.
- The parents of the district will be informed of any communicable diseases and needed precautions. There are certain guidelines regarding communicable diseases—if you have any questions, please contact the nurse’s office for guidelines for exclusion from school for common communicable diseases such as pink eye, chicken pox, measles, mumps, lice, impetigo, TB, scabies, Hepatitis A, etc.
- Students are not allowed to have any medications with them at school without prior nurse approval.

LICE POLICY:

- Walnut Grove School District periodically checks all students for head lice. If a student is found to have head lice or nits (eggs) the student will not be allowed to attend school until proper treatment has been obtained and the student is nit free. Children may not attend school with head lice or nits (eggs). To re-enter school a parent/legal guardian is required to bring the child to the nurse’s office for a recheck before returning to class or riding the bus. The student must: 1 have been treated with a medically approved lice and nit killer, and 2. Have had all nits (eggs) removed from the hair shafts. If lice or nits are present, the student must leave school until free of lice and nits. The students must then be rechecked and meet the above requirements. Should lice or nits be found on the recheck, the parents/legal guardians may be required to take the child to a doctor for treatment and present a letter signed by the doctor stating the student is without lice or nits. After re-entering school the student will be rechecked between seven and twelve days for re-infestation. Upon the discretion of the administration the Division of Family Services and the County Health Department may be notified upon the third occurrence of head lice within a school year and each repeat occurrence. Absences due to lice are included in the general attendance policy and are unexcused unless you have a doctor’s note.

Please referer to the handbook pages18-20 for continued policies and procedures.

Other Health information/ concerns: _____

Would you be willing to volunteer your time at one of the health related events? YES or NO (circle one)

Would you like to make an appointment to talk with the school nurse? YES or NO (circle one)

NAME/SIGNATURE of PARENT/GUARDIAN: _____

You may reach your school nurse at phone # (417) 788-2543 Ext. 132 with any questions or problems.