



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: \_\_\_\_\_ - \_\_\_\_\_

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

**This information will be kept confidential.**

**PLEASE complete both sides of this form (Return to the School Nurse)**

Name of Student (Last, First, Middle)		Birth Date	Sex	School
Address (Street)				

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom
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Name of Parent/Guardian (Last, First Middle)			Work Phone Number:
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Transportation

Bus Rider Bus Number:       Car Rider       Special Needs Bus       After School

**Part I – Health Information**

Place your child receives health care:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- Community Health Center
- Health Department
- Hospital Clinic
- No Regular Place
- Private Doctor /HMO

Your child's Insurance Information:

- ALL KIDS
- Medicaid
- No Insurance
- Other \_\_\_\_\_
- Private Insurance

Place your child receives dental care:

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- Community Health Center
- Health Department
- Hospital Clinic
- No Regular Place
- Private Dentist /HMO

Preferred Hospital: \_\_\_\_\_

**Part II – Medical History Medical Equipment /Procedures Required at School**

- Catheter       Gastric Tube       Nebulizer Treatments       Oxygen Supplement       Tracheostomy
- Vagal Nerve Stimulator (VNS)       Ventilator       Wheelchair       Walker
- Other *Please explain:*

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

**Please Complete Back of Form (Signature Required)**





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Part III - Medical History

Form with multiple rows for medical history assessment, including sections for ADD/ADHD, Allergies, Asthma, Blood/Bleeding Problems, Diabetes, Emotional/Behavioral/Psychological, etc.

Required Signatures

Signature lines for parent(s) or guardian and school nurse, each with a corresponding date field.