

HEALTH INFORMATION

(Please complete and sign at the bottom.)

Student's Name _____ Birthdate _____ Grade _____

Student's address _____ Resides with: (Please circle.) Both parents

Home phone _____ Mother

Mother's name _____ Father Other

Work # _____ Cellullar # _____

Father's name _____ Work # _____

Cellullar # _____

Emergency Contact Person _____ Phone _____
(contacted when parent(s) cannot be reached)

Student's Physician _____ Phone _____

Please list: Health conditions/concerns _____

Allergies (environmental/seasonal) _____

Allergies to medications _____

Allergies to food or milk _____

(Please note: an Allergy Action Plan must be completed by physician & parent and turned in by the first day of school or upon enrollment.)

List any emergency action needed while at school or on the bus due to your child's health condition _____

Does your child wear glasses or contacts? Circle: **YES** or **NO**

Does your child have any hearing difficulties? Circle: **YES** or **NO**

Does your child carry an inhaler and use independently at school? Circle: **YES** or **NO**

(Please note: a medication form must be completed by parent & physician before your child can carry an inhaler at school.)

Does your child keep an inhaler in the nurse's office and use under supervision? Circle: **YES** or **NO**

(Please note: a medication form must be completed by parent & physician before medication can be administered to your child at school.)

Does your child take medication on a daily basis? Circle: **YES** or **NO** Please list. _____

Does your child require medication during school hours? Circle: **YES** or **NO** Please list. _____

(Please note: a medication form must be completed by parent & physician before medication can be administered to your child at school.)

During the course of the school year it is often necessary to treat minor injuries or illnesses (conditions such as cuts & scrapes, rashes, etc). **The products most often used at Arcola Schools are listed below.**

Calamine/Caladryl lotion

Insect bite sting relief spray

Triple antibiotic ointment (generic Neosporin)

CoolGel burn relief gel

Hydrogen peroxide

Saline contact lens solution

****Please cross off any product(s) that you do NOT want your child to receive and sign below.**

****The school does not provide or administer over the counter medication such as Tylenol , Advil, or cough**

medication without completion of the Authorization for Administration of Over the Counter Medication which requires

physician and parent signatures. You must also provide the medication in the original container from the manufacturer and

label the container with your child's name.

PARENT SIGNATURE _____ **Date** _____