

Tecumseh Public Schools
SCHOOL NURSE HEALTH FORM

SCHOOL SITE: _____ GRADE: _____ DATE: _____

SECTION 3

Schools are required to have an *Asthma Action Plan, Seizure Action Plan, and Diabetes Medical Management Plan* in place for **ALL** students with such diagnosis PRIOR to the FIRST day of class. If your child has one of these diagnosis, we ask that you PLEASE contact a School Nurse at the following number 405-598-5500. Thank you for your cooperation.

1. Does your child have any health conditions that would require EMERGENCY ACTION while at school? Yes No
Diabetes, Seizures, Anaphylactic Allergies, Asthma, etc.
2. Does your child have a **LIFE THREATENING** allergy? Yes No
List allergy: _____ EPI PEN? _____
3. Would you like to discuss anything about your child's health with the school nurse? Yes No
Nurses make calls to parents of children with diagnoses that may require additional information prior to that child being able to start school.
4. Does your child take any **medication(s)** on a regular basis? Yes No
INCLUDE those taken at home. If taken at school, Medication Authorization/Consent Form **MUST** be completed and filed at school: _____

** A separate form is required for prescription or over-the-counter medications to be administered by school personnel. Please ask for the form at your school site office.

FOR OFFICE USE ONLY

Classified as **SITE MEDICAL ALERT**: Yes No

Phone Call to Parent: Yes No Number: _____ Date: _____ Time: _____

Notes: _____

Documents Needed Prior to student starting School: Yes No _____

Any changes/special circumstances needed at site: Yes No _____

Meetings scheduled with additional Staff: Yes No _____

Nursing Duties required: Yes No _____

Nurses Signature

Date