## Tecumseh Public Schools SCHOOL NURSE HEALTH FORM

SCHOOL SITE:	GRAD	E:	_ DATE:			
To Parent/Guardian: In order to provide the best edu information from you that will be given to our services. PLEASE PRINT	· · · · · · · · · · · · · · · · · · ·		•		•	
Student Name:	Ge	nder:	_ Date of Birth:	:		
Parent/Guardian's Name:		Number:				
Parent/Guardian's Name:		Number:				
Address:	City:		State:	: Zip: _		
STUDE	NT HAS HEALTH CONCERN	IS □ Yes □	No			
	IF NO- complete SECTIO					
Does your child have any of the following	specific illness or chronic medica	al diagnosis? (Ch	eck all that apply)	☐ Yes ☐ No		
☐ ADHD/ADD ☐ Allergic Reactions, specifically to:						
				_ (Epi-Pen	YesI	No)
$\square$ Asthma (InhalerYesNo) (Asthma A	ction PlanYesNo)					
☐ Anxiety (Panic AttacksYesNo)		🗆 Depr	ession			
☐ Diabetic (DMMPYesNo)						
	Joint/Muscular					
☐ Metabolic						
☐ Neurological	Dhysical Disabilities, specifically:					
□ Pulmonary		nal				
☐ Seizures (Seizure Action PlanYesNo	o) Last Seizure					
☐ Skin Conditions						
☐ Recent treatment for mental health:						ivo j
Other:						
Please explain any above conditions or hea						
	— — SECTION 2 —					
I,, the	e undersigned parent/leg	gal guardian	of			
Print Parent/Legal Guardian Name do hereby authorize <u>TECUMSEH PUBLI</u>	C SCHOOLS to consent to	o emergency	Print Minor/Studen		include	<u> </u>
medication and/or transportation shall						
timely manner for the safety & health		_				
Emergency Contact #1 Number	Eme	ergency Contac	t #2	Number		
Medical Insurance	Policy Number		Group Nu	ımber		
Parent/Guardian Signature(s) Pa	rent/Guardian Signature(s)	<u>_</u>	ate			
Please he advised. Without the signature above		Lamarganey Ta	ourse ob Dublic Cala	المام المام المام المام	for or	

<u>Please be advised:</u> Without the signature above, in the event of a major medical emergency, Tecumseh Public Schools would call for an ambulance if the health and well-being of a student or students was such that they needed immediate medical attention, but transportation or hospital care may wait until parental consent is obtained.

## Tecumseh Public Schools SCHOOL NURSE HEALTH FORM

	SCHOOL SITE: DATE: _ DATE: _	
	SECTION 3	
place f	ls are required to have an <i>Asthma Action Plan, Seizure Action Plan, and Diabetes N</i> for <b>ALL</b> students with such diagnosis <u>PRIOR to the FIRST day of class</u> . If your child h	as one of these diagnosis, we
ask tha	at you PLEASE contact a School Nurse at the following number 405-598-5500. That	nk you for your cooperation.
1.	Does your child have any health conditions that would require EMERGENCY ACTION while at school Diabetes, Seizures, Anaphylactic Allergies, Asthma, etc.	ol? □ Yes □ No
2.	Does your child have a LIFE THREATENING allergy?  List allergy: EPI	☐ Yes ☐ No PEN?
3.	Would you like to discuss anything about your child's health with the school nurse?  Nurses make calls to parents of children with diagnoses that may require that child being able to start school.	$\square$ Yes $\square$ No e additional information prior to
4.	Does your child take any <u>medication(s)</u> on a regular basis?  INCLUDE those taken at home. If taken at school, Medication Authorizat completed and filed at school:	
your sch	parate form is required for prescription or over-the-counter medications to be administered by scho mool site office.	ol personnel. Please ask for the form at
	Classified as <b>SIT</b>	E MEDICAL ALERT:
		Time:
	nents Needed Prior to student starting School:   Yes  No	
Any ch	nanges/special circumstances needed at site:   Yes  No	
———— Meetir	ngs scheduled with additional Staff:   Yes  No	
Nursin	g Duties required:   Yes   No	

Date