

Student Health History & Emergency Medical Treatment Consent Form

Student _____ Father _____ Gender _____

Grade _____ Mother _____

Student lives with: Parents/Guardian _____

Brothers _____ Sisters _____ This child is _____ in family.
(number)

Student's Doctor/Health Provider _____ Phone _____

Health Condition	Yes	No	Explanation if "Yes"
ADD/ADHD			Medication:
Allergy to Bees Stings			Rate Reaction: Mild Moderate Life-Threatening Does your child require an EpiPen? Yes No
Allergies (Environmental)			List:
Food Allergies			Food(s) Peanut Dairy Eggs Other _____ Rate Reaction Mild Moderate Life-Threatening Does your child require an EpiPen? Yes No
Medication Allergies			List:
Asthma			Rate Severity: Mild Moderate Life-Threatening Asthma medication taken at home: Medication required at school?
Blood Disorder			Specify: Treatment:
Bone/Muscle Problems			Specify: Treatment:
Bowel/Bladder Issues			Specify:
Cancer			Specify: Treatment:
Diabetes			Type 1 (Insulin Dependent) Type 2 Diabetes medications taken at home:
Eating Disorder			Specify:
GI Disorder			Specify:
Hearing Loss			Hearing Loss Right Ear Hearing Loss Left Ear Hearing Aids
Heart Condition			Specify:
Mental Health Behavior Issues			Specify: Treatment/Medication:
Migraine Headaches			Triggers: Treatment:
Neurological Disorder			Specify:
Serious Injury			Specify: Date(s):
Seizure Disorder			Type of Seizure: Medications:
Other			Specify: Date of Onset:
Medications not listed above			List:

Does your child have any emotional or behavioral problems: _____

Chronic illnesses or disabling problems: _____

Issues in the home that might affect your child's learning: _____

The information on this form maybe shared confidentially with school staff and emergency responders as needed. In the event of a medical emergency with my child, I understand every effort will be made to inform me. If emergency care is needed, I authorize qualified professionals to provide assessment, diagnosis and any necessary emergency treatment. I understand that the school district assumes no financial liability for expenses incurred due to accident, injury, and/or unforeseen circumstances.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Reviewed by School Nurse