

School _____ Homeroom _____

MARION SCHOOL DISTRICT MEDICAL FORM

Student's First Name _____ Middle Name _____ Last Name _____
 Student's Grade _____ Age _____ Gender: _____ Male _____ Female _____ Date of Birth: _____
 Parent/Guardian Name _____ Phone _____

GENERAL MEDICAL INFORMATION

Allergies: (Circle type of reaction) *life threatening implies respiratory distress or need of emergency care

- | | | | |
|--|-------------------|--------|------|
| <input type="checkbox"/> Foods/Nuts _____ | Life Threatening* | Severe | Mild |
| <input type="checkbox"/> Insects _____ | Life Threatening* | Severe | Mild |
| <input type="checkbox"/> Medications _____ | Life Threatening* | Severe | Mild |
| <input type="checkbox"/> Other _____ | Life Threatening* | Severe | Mild |
| <input type="checkbox"/> My child has an epinephrine pen for the above allergy | | | |

** Physician order required yearly for cafeteria substitutions due to food allergies.

Eyes: Wears Glasses: Y or N Wears Contacts: Y or N If yes, date of last eye doctor appointment: _____

Ears: History of ear infections: Y or N Had Tubes: Y or No Age: _____ Has Tubes now: Y or N

Does your child have now or ever had any of the following?	Currently has	Has had in the past	Taking medication for condition? If yes, list medication
Asthma			
Seizures			
Diabetes			
High Blood Pressure			
Migraines			
ADD/ADHD			
Heart Problems (specify): _____			
Psychiatric Problems (specify): _____			
Other (specify): _____			

Does your child have one or more of the following disabilities?	YES	NO
Autism		
Down Syndrome		
Intellectually Disabled		
Crutches/Braces		
Wheelchair		
Deaf/Hearing Impaired		
Blind/Visually Impaired		
Implant-head		
Implant- spine		
Impaired swallowing		
Bowel/Bladder disorder		
Other (specify): _____		

Will your child need medication at school? _____ If yes, list medication(s) _____

NOTE: If your child will take medicine at school, you must complete a medication administration release form from the nurse. All medication must be administered through the nurse and/or front office. Medication must be brought to the nurse by a parent/guardian.

Authorization for Medical Treatment: If parent, guardian, or person designated cannot be reached, Marion School District has authority to give consent for emergency medical treatment. The school district is in no way financially responsible for medical treatment. Permission is also given for my child to take acetaminophen (Tylenol) in event of fever of 103 degrees or above when a parent cannot be reached. Permission is given for my child to receive over the counter topical ointment treatments for minor first aid such as: neosporin, hydrocortisone, antifungal cream, blistex, burn cream, and insect sting relief.

Parent/Guardian Signature _____ Date _____

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