

Tecumseh Public Schools
SCHOOL NURSE HEALTH RECORD

SCHOOL SITE for Upcoming School Year _____ GRADE: _____ DATE _____

To Parent/ Guardian: In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you that will provide the school nurse with information needed to assure your child receives the appropriate health care throughout the school year.

PLEASE PRINT

Name of Student Date of Birth

Address (Street) Town and Zip Code Home Telephone Number

Gender School Grade

Yes No

1. Do you have any concerns about your child's general health?
2. Does your child have any specific illness or problems (Please check all that apply)?
 ___ DEPRESSION ___ DIABETIC ___ HEART ___ MIGRAINES
 ___ METABOLIC ___ SEIZURES ___ PULMONARY ___ JOINT/MUSCLE
 ___ ADHD/ADD ___ CHRONIC ILLNESS ___ NEUROLOGICAL
 ___ SPECIAL DIET ___ SKIN CONDITION
 ___ PHYSICAL DISABILITIES (PLEASE NOTE) _____
 ___ ALLERGIES (PLEASE NOTE) _____
 ___ OTHER (PLEASE NOTE) _____
3. Does your child have a health condition which may require emergency action at school?
4. Does your child have any problems with vision, hearing or speech (glasses, hearing aids, ear tubes)?
5. Has your child had any hospitalizations, operations, or major illnesses?
6. Would you like to discuss anything about your child's health with the school nurse?

Please explain any "yes" answers below. _____

DOES THE STUDENT TAKE ANY **MEDICATION(S)** ON A REGULAR BASIS? YES NO
IF YES, PLEASE LIST THE NAME AND PURPOSE OF MEDICATION: _____

NAME OF DOCTOR: _____ DR. PHONE # _____

Schools are required to have an Asthma Action Plan and Diabetes Management Plan in place for all students with asthma and or diabetes. If your child has a diagnosis of asthma or diabetes we ask that you please contact a School Nurse at the following number 405-598-5500. Thank you for your cooperation.

Parent/Guardian Number

Emergency Contact, relation Number

***Please be advised: 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.**

****A Separate form is required if prescription or over the counter medication is to be administered by school personnel. Please ask for the form at each school site office****