



Student Health Form

Please complete the following health information for your child and keep us informed if there are any changes in your child's health or medication needs.

Student Name _____ Grade _____

Medical History: Check all that apply and explain conditions marked in the chart below:

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drug, latex)			Concussion		
Allergies (seasonal)			Hearing Impairment		
Asthma or breathing problems			PE Tubes		
ADHD/ADD			Heart problems		
Anxiety			Migraines		
Depression			Scoliosis		
Bladder Concerns			Seizures		
Bleeding Concerns			Skin Conditions		
Bowel Concerns			Stomach Disorder		
Dental problems			Surgery		
Diabetes			Visual Impairment		
Low Blood Sugar			Glasses/Contacts		

Describe any other important health-related information about your child (for example: hospitalizations, fractures, other health concerns, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly: **Please note school policy change. Tylenol and Ibuprofen will no longer be kept in stock by the district. If your child requires over the counter medications at school, please contact the health office for further instructions on the schools policy for administering these medications. *

If a prescription medication or an inhaler needs to be administered at school, please contact the health office for the medication administration form.

According to school policy, no medication will be given without yearly written parental permission.

*Print Parent/Guardian Name _____

*Parent/Guardian Signature _____ Date _____

This consent, unless the school is notified by the parent/guardian to the contrary, is good for the current school year at Murray County Central Schools.