

**Indian Creek Schools
Student Health Record**

Student Name _____	Date of Birth _____	Grade _____
Parent/Guardian _____	Student <input type="checkbox"/> Male <input type="checkbox"/> Female	
To my knowledge, my child does <u>not</u> have a health problem <input type="checkbox"/>		
Allergies (physician note required) <input type="checkbox"/> Medication _____ <input type="checkbox"/> Food – list _____	<input type="checkbox"/> Bee Stings – describe reaction _____ <input type="checkbox"/> Other Allergy _____	
What medication, if any, is needed at school to treat the above allergy?		
Has your child ever had a severe “anaphylactic” reaction requiring emergency care?		
Past Health Problem/Illness - _____		
Current Health Problem/Illness – _____		
Daily Medication (at home and/or at school:)		
NOTE: TAKE MEDICATIONS TO THE OFFICE OR CLINIC TO INSURE STUDENT SAFETY. Medications taken at school (prescription or over-the-counter) <u>must have a signed medication permit on file with the school.</u> A doctor's note must be on file for a student to carry medication with them.		
Physician's Name _____	Phone Number _____	
My child has had chickenpox disease – yes - no – circle one. Date of chickenpox disease _____.		
Medical care needed at school (<i>describe in detail</i>)		
Special Attention <i>Health concerns such as diabetes, seizures, asthma and/or severe allergic reactions will need additional health care plans. Please contact your school nurse as soon as possible to complete this information.</i>		
Specific Concerns (describe)		
Hearing _____	Vision _____	
Speech _____	Movement _____	

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. I agree that the school nurse may consult with my child’s family physician about the above medical condition (s). I agree to alert the school nurse of any change in medications and/or health status of my child. I will furnish the school with a current telephone number and address in case of an emergency.

Signature of Parent/Guardian: _____ Date: _____