

## MEDICAL ALERT/HEALTH INVENTORY

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Physician \_\_\_\_\_ Preferred Hospital \_\_\_\_\_ Health Insurance Co. \_\_\_\_\_

**Health history: Please complete both sides of this form.** This information is considered CONFIDENTIAL and is for use by the nurse, health room staff, teacher(s), building administrators, and others as needed to ensure your child's safety and protection at school.

**Indicate below the medical conditions that may affect the student's school program or school performance.**

Computer code	HEALTH HISTORY/ CONDITION	Current		MEDICATION (S) "Medication at School" form must be completed for school administration	Check (√) if needed at school	COMMENTS
		Yes	No			
EG & OB <small>(staff enter both codes and list allergy type)</small>	Anaphylactic allergy (life threatening) Insect ____ Bee ____ Food ____ Environmental ____			(service animals may be in buildings)		<b>Specify source of allergy ie- peanuts, smoke, dogs etc.</b>
EE ED EC EB	Allergy- mild/localized Insect ____ Bee ____ Food ____ Environmental ____ Other (antibiotic etc)- mild to severe ____			(service animals may be in buildings)		<b>Specify source of allergy ie- peanuts, smoke, dogs etc.</b>
RB RC RD RE	Asthma- Mild ____ Moderate ____ Severe ____ Reactive Airway Dis. ____					<b>Specify factors contributing to flair-ups:</b>
EJ	Cystic Fibrosis					
GF GG GI	Encopresis ____ Food Intolerance ____ GI- other ____					<b>Specify condition if "GI-other":</b>
CA CD CE CG	Cardiac Disorder ____ Heart Murmur ____ Hypertension ____ Cardio-vascular other ____					<b>Specify condition if "Cardio-vascular -other":</b>
BB BD	Hemophilia ____ Blood cond. -other ____					<b>Specify condition if "Blood cond. -other":</b>

**COMPLETE BACK SIDE AND SIGN/DATE- RETURN TO STUDENT'S SCHOOL OFFICE**

Code	Health history/condition	Current		MEDICATION (S) "Medication at School" form must be completed for school administration	Check (√) if needed at school	COMMENTS
		Yes	No			
EA	Adrenal Disorder _____					<b>Specify condition if "Endo/Metabol. – other":</b>
EK	Diabetes- Type 1 _____					
EU	Thyroid Disorder _____					
EO	Endocrine and/or Metabolic –other _____					
NP	Seizure Disorder _____					
NU	Traum Brain Inj _____					
PA	Anxiety Disorder _____					
YB	Hearing impaired _____					<b>Exam date/results:</b> <b>Exam date/results:</b>
YD	Visually impaired _____					
MD	Muscular dystrophy _____					<b>Specify condition if "Musculo/skeltl – other":</b>
MC	Juv. Rheum. Arth _____					
ME	Muscul/skeltl- other _____					
NE	Cerebral Palsy _____					
UA	Chron. Renal Failure _____					<b>Specify condition if "Genito/Urinary- other":</b>
UE	Incontinence- _____					
UD	Bladder/bowel control _____ Genito/Urinary other _____					
TA	Neoplsm (cancer) -blood _____					<b>Specify condition if "Neoplsm (cancer) –other":</b>
TI	and/or circulatory _____ Neoplsm (cancer)-other _____					
NS	Spina Bifida _____					
NB	ADD/ADHD _____					

Other Conditions or Comments: \_\_\_\_\_

No child may take medication (prescription or over-the-counter) at school without a completed medication administration form (s) including signature by Health Care Provider and/or parent/guardian. Forms may be picked up in the office or at your physicians. **Please provide information to school in writing if you have special instructions regarding religious beliefs.**

\* **Do you need health insurance for your children?** Please check the box if you are interested in being contacted by our Education Advocate/ school staff:   
Do not check the box if you already have health insurance coverage.

AUTHORIZATION FOR EMERGENCY PROCEDURE: If the parent(s)/guardian named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to contact emergency medical aide and send the student to the hospital or doctor most easily accessible. I understand that I will assume full responsibility of the payment of any services rendered.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_