Douglas County School District – Health Services Department

HEALTH INFORMATION UPDATE

Date: ____________, 20___

Last Name ____ First Name ____ MI ____ Date of Birth ____/____/____ Teacher ____

(____)____________ Home Phone
(____)____________ Daytime Phone
(____)______________ Cell Phone
M F Gender
_____ Grade

Father/Guardian Name ____________________

Mother/Guardian Name ____________________

Emergency Contact ____________________

Emergency Contact Phone Number ____________________

Family Physician Name ____________________

Family Physician Phone Number ____________________

CURRENT HEALTH PROBLEMS

(Please check those that apply)

- ❑ NO KNOWN DISABILITY
- ❑ HAS YOUR CHILD HAD THE CHICKEN POX DISEASE? YES NO
- ❑ ASTHMA/AIRWAY DISEASE
- ❑ ALLERGIES: (FOOD, INSECTS, MEDICATIONS, SEASONAL, OTHER) ______________________________
- ❑ SEVERE REACTION TO:___________________________
- ❑ PAST SURGERIES:_______________
- ❑ DIABETES
- ❑ SEIZURE DISORDER
- ❑ ADD/ADHD
- ❑ VISUAL IMPAIRMENT
  - ☐ GLASSES
  - ☐ CONTACTS
- ❑ HEARING IMPAIRMENT/AID
- ❑ NEUROLOGICAL DISEASE SPECIFIC DIAGNOSIS:______________
- ❑ MUSCULAR DISEASE
- ❑ ORTHOPEDIC PROBLEM SPECIFIC DIAGNOSIS:______________
- ❑ HEART PROBLEM SPECIFIC DIAGNOSIS: ______________
- ❑ OTHER: ______________________________ ______________________________

Is student able to take P.E.? Yes ☐ No ☐
Is Medication needed at school? Yes ☐ No ☐

If yes, you must fill out the Medication Assistance Request Form (on back) for all meds taken at school and this includes all prescription medications AND all over-the-counter medications*

Receiving Medication at home? Yes ☐ No ☐
*If yes, name of medication(s)__________________________

In the event that my child __________________ becomes seriously ill or injured at school, I hereby consent to have my child transported and treated as deemed necessary by school personnel and the receiving medical institution. I understand the parent/guardian is responsible for all expenses.

Parent/Guardian Signature ____________________ Date ____________