

Indian Creek Schools Health Services
Student Health Update
2014-2015

Student's Name: _____

Birth date: _____ Grade: _____

_____ **My student does not have any health issues at this time.**

Does your child take any medication on a routine basis? YES NO During school

Name of Medication _____ Purpose _____

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Please contact the school office regarding the School Medication Policies if your child must take prescription or over the counter medications during the school day.

Check the box and explain if your child has a history of, or now has the following conditions or concerns:

Asthma mild moderate severe

Uses inhaler at home

Rescue inhaler with student

Rescue inhaler in school office

Diabetes

Type 1 Type 2

Seizures

as infant takes medication

Use emergency plan if happens at school

Allergies

Bees/insects

Foods _____

Other _____

EpiPen at home EpiPen at school

Other/Additional information

Health information is shared with school staff on a need to know basis.

Parent/Guardian Signature _____ Date _____