



Confidential Emergency Health Information Form 2025 - 2026

PLEASE COMPLETE VIA DOCUSIGN BY JUNE 30, 2025

(This form is to be completed **ANNUALLY**.)

Student's Name: _____ Birth date: _____ Sex: ☐ F ☐ M Grade: _____

Physician's Name: _____ Physician's Phone: _____

Parent/Guardian 1		Parent/Guardian 2	
Relationship		Relationship	
Primary Phone		Primary Phone	

Emergency Contact 1		Emergency Contact 2	
Relationship		Relationship	
Primary Phone		Primary Phone	

CURRENT HEALTH CONDITIONS:

☐ Check here if your child has **NO** health conditions to report (go to the next section)

Check the health conditions/concerns that your child has NOW & that may affect your child at school

☐ ADD/ADHD

Does your child need medications at school? ☐ YES ☐ NO

☐ **Severe Allergy/Anaphylaxis*** (requiring emergency medication)

To what? _____

Does your child need medications at school to treat an allergic reaction? ☐ YES ☐ NO

***If YES, please contact RN & return Allergy Action Plan to the Health Office with the appropriate medications.**

☐ Allergy to foods: (Please list food & reaction) _____

☐ Allergy to medications: (Please list med & reaction) _____

☐ Allergy to pollen: (Please list allergen & reaction) _____

☐ Allergy-other: (Please list allergen & reaction) _____

☐ **Asthma *** (Contact RN)

☐ **Diabetes*** (Contact RN)

☐ **Seizure Disorder*** (Contact RN)

☐ Headaches ☐ Migraines ☐ Past Concussions _____

☐ Cardiovascular Condition (Please explain) _____

☐ Mental Health Diagnosis (Please explain) _____

☐ Hearing Problems (Please explain) _____

☐ Vision Problems: (excluding corrective lenses) _____

☐ Neurological Disorder (Please explain) _____

☐ GI/Bowel Disorder (Please explain) _____

☐ Urinary/Kidney (Please explain) _____

☐ Orthopedic Problem (Please explain) _____

☐ Recent Operations/Serious injuries: _____

☐ Any other significant conditions or disorders: _____

☐ Additional comments/Physical limitations: _____

Do you give your consent to share relevant health information regarding your child with appropriate school and/or emergency personnel as necessary? This would include permission for communication between the health provider and school nurse to facilitate this process. ☐ Yes ☐ No

CURRENT MEDICATIONS:

Is medication needed at home? ☐ YES ☐ NO

Medications Taken at Home	Dosage/Frequency	Reason
1.		
2.		
3.		

Is medication needed at school? ☐ YES** ☐ NO

Name of Medication	Dosage/Frequency	Reason
1.		
2.		
3.		

**A Medication Consent Form must be completed for a student to receive prescription medicine at school.

The prescription medication must be clearly labeled prescription bottle with the student's name and instructions as specified by the pharmacy. **This form and the form for students to carry and self-administer Epi-pen and Inhaler are available from the School Nurse.**

PARENTAL PERMISSION FOR OVER THE COUNTER (OTC) MEDICATIONS AT SCHOOL:

- ☐ Do **NOT** give any listed OTC medications at school.
☐ **Only** give OTC medications indicated as "YES"

Student's weight:

Please check "YES" to authorize school nurse/staff to give your child the following medications while on campus.

Over-the-counter medication dispensed per package directions:	Indications:	Dosage	YES	NO
Acetaminophen (generic Tylenol)	Pain reliever/fever reducer	36 - 47 lbs: 160 mg 48 - 71 lbs: 320 mg 72 - 95 lbs: 480-500 mg 96 lbs +: 500-650 mg	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen (generic Advil/Motrin)	Pain reliever/fever reducer	36 - 47 lbs: 150 mg 48 - 71 lbs: 200 mg 72 - 95 lbs: 300 mg 96 lbs +: 400 mg	<input type="checkbox"/>	<input type="checkbox"/>
Tums (Calcium Carbonate)	Stomach pain/upset stomach	1 or 2 tabs (400mg ea)	<input type="checkbox"/>	<input type="checkbox"/>
Triple antibiotic ointment	Minor scrapes/cuts	As directed	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocortisone 1% lotion	Itching/skin rashes	As directed	<input type="checkbox"/>	<input type="checkbox"/>

PRINT Parent/Guardian Name

SIGNATURE

DATE

THE INFORMATION ON THIS FORM IS VERY IMPORTANT FOR THE HEALTH AND SAFETY OF YOUR CHILD. IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE SCHOOL OFFICE OR SCHOOL NURSE IF THERE ARE ANY CHANGES OR UPDATES IN YOUR CHILD'S HEALTH.