

# East Marshall Community School Annual Health Update

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Insurance Provider:** \_\_\_\_\_

Would you like information about low or no-cost Hawk-i Health/ Dental insurance for your child? (No family pays more than \$40/month & no co-pay.) YES NO

**Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Current Daily Medications - include dose and time of all medications taken at school and home:**

\_\_\_\_\_  
\_\_\_\_\_

**Medical Diagnoses/ Health Problems:**

Circle all that apply

Asthma ADD/ADHD                      Seizures                      Bleeding Disorder                      Diabetes                      Migraines  
Head Injury      Diagnosed Depression                      Bowel Problems                      Bed Wetting  
Heart Problems Special                      Dietary Needs                      Other: \_\_\_\_\_

Allergies to medications, foods, or pollens:

\_\_\_\_\_

Expected reaction to each allergen:

\_\_\_\_\_

Does your child wear glasses?      YES      NO                      Wear contacts?      YES      NO  
Does your child have hearing problems?      YES      NO      Tubes in ears?      YES      NO

Please list all other special accommodations for before, during, or after school, or accommodations and medications for emergency treatment:

\_\_\_\_\_

\_\_\_\_\_

**In case of emergency, permission is given for my son/ daughter to receive immediate first aid and/or treatment as necessary. I also give consent for school personnel to use their own judgement in securing medical aid and ambulance services or other emergency transport in the event that I cannot be reached.**

**YES**

**NO**

Certified staff member may administer the following medications to my child, as medically indicated:

acetaminophen (Tylenol)	YES	NO
ibuprofen	YES	NO
antacid (Tums)	YES	NO
cough drops	YES	NO
triple antibiotic ointment	YES	NO
hydrocortisone cream	YES	NO

Parent/ Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_