Confidential

SPX STUDENT HEALTH INFORMATION 2018/2019 School Year

PLEASE GIVE COMPLETE INFORMATION

*Immunizations updated: & handed in for K and/6th Grade Yes/ No :**(Due 1st day of school per Indiana Law)*

Studer	nt's Name:		Sex: F/M				
	Last	First					
Birthdate: Child's Physician: 1		Grade:					
Child's Physician:		Phone:	Hospital				
MOTHER Name:		Phone:	Email:				
FATHI	ER Name	Phone:	Email:				
**Pare	ents living together: YES/NO	*Custody: Shared/ Mother/ Fat	her/ Other:				
EMER	GENCY CONTACT if pare	nts unavailable: Name:	Phone:				
		e below questions by checking & circ					
			DOSE				
	*Medication given AT HOM	<u>IE:</u>	DOSE				
	ALLERGIES: PEANUT/Tre	e Nut: GLUTEN: SHELLFISH: ENV	IRONMENTAL: BEE: INSECT: DAIRY:				
	MEDICATION:	OTHER:					
	EPI PEN: Yes/No: Epi Pen	provided to school: Yes/No: BENAD	PRYL: Yes/No				
	Asthma/ Inhaler/Nebulizer/ N	Name of medication	Care plan Y/N				
	Arthritis/Medication:		Given at School <u>Y/N</u>				
	Auto Immune Disorder:						
	Autism/Aspergers						
	Braces/ Orthodontic work						
□ Diabetes/name of daily insulin Injections/Pump/Pod/Pills/Snacks at school Y/N							
	<u>Dyslexia</u>						
☐ GI disorder/ Bowel/ Ulcers/ Lactose Intolerant/ IBD/Constipation: Other:Medica ☐ Head Injuries/Concussiontimes Headaches: Migraines: Medication:							
	☐ Heart Disorder/Surgery: <u>Y/N:</u> Year: Murmur/ Bicuspid Valve/ Mitral Valve/Arrest/Year:						
		ems/dialysis/surgery/frequent infections					
	**MEDICATION allowed to be given at school? YES/ NO Ibuprofen: Tylenol: Allergy Med:						
Ш	**ALL Over the Counter Meds must be provided by parent in original bottle. **No student allowed keepir						
_	on person or bag or locker during school including cough drops.						
	Mental Problems: Depression/Anxiety/Panic Attacks/ Eating Disorder/Post Traumatic Stress/OCD/DDD/Under						
_	MD care Y/N: Med. Name Need to see school counselor for depression or other: Y/N Pneumonia history /hospital stay due to pneumonia: Y/N						
	Scoliosis Brace: Surgery/ Lii	mitations	C I WAY				
	Skin Conditions/ MKSA / Poison Ivy/ Hand Foot Mouth/ Molluscum Cotagiosum/ Psoriasis/ Eczema/Impetigo						
	Vision Problems/glasses	micenous					
	OTHER health concerns:						
	O THEIR HEARTH CONCERNS						
	t/Guardian Signature:		Date:				
			Z 11/21				

By signing this form, I acknowledge the responsibility of providing the school with accurate and updated info*