

STUDENT HEALTH INFORMATION School Year 2023-24

Name: _____ Birthdate: _____ Grade: _____ School: Cresson

HEALTH CONCERNS	YES	NO	MEDICATION Name/Dosage	NECESSARY MONITORING IN SCHOOL	COMMENTS OR DESCRIPTION
ASTHMA/ RESPIRATORY					
SEVERE ALLERGIES				Food Latex Insects Nuts	Date of last reaction: Type of reaction:
DIABETES				Equipment:	
HEAD INJURY					
SEIZURES/ NEUROLOGICAL/ MIGRAINES					Type & date of last episode:
HEART/BLOOD					
MUSCLES/BONE/ JOINTS/SKIN					
BLADDER/KIDNEY					
STOMACH/ INTESTINES/ BOWELS					
IMMUNE PROBLEMS					
OTHER HEALTH CONCERNS					
HEARING CONCERNS				Hearing aids? Preferential seating?	
VISION CONCERNS				Glasses or contacts? Reading Only?	
GROWTH & NUTRITIONAL CONCERNS					
DEVELOPMENTAL CONCERNS					
EMOTIONAL / BEHAVIORAL					

- Routine or daily medications, treatments, or therapies (not listed above): _____
- Activity restrictions in school? _____
- Special medical equipment required in school? (i.e.oxygen, wheelchair): _____
- Have there been any significant changes in your child's health over the last year?
Explain _____
- Illnesses, hospitalizations, accidents, injuries, and dates: (Use other side if necessary): _____

Health Care Provider(s) & Phone #: _____

Parent/Guardian Signature: _____ Home/Work Phone: _____ Date: _____

School Nurse: Laureen Murray, RN Phone: 719-689-9230 xt. 1110

(Please contact the school nurse directly if you would like to discuss any of the above information you feel is confidential)