

EMERGENCY INFORMATION - Health Concerns:

Please fill in all information on this form and have your child return it to his/her teacher tomorrow. Use the back if needed.

Student's Name (Last, First)	Phone	Grade	Gender	Birth Date	Teacher/Team

HEALTH HISTORY UPDATE

List any serious illness, operation, injury, broken bones, or newly diagnosed condition such as asthma, diabetes, etc. _____

List any SPECIAL HEALTH PROBLEM or PHYSICAL LIMITATION that the school needs to be aware of: _____

List any medication your child takes daily? (Do not include vitamins) Yes No

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Does your child have any allergies? Yes No

Please list them: (food, plants, insects, medications, etc. - be specific)

How do you treat the allergic reaction?

PLEASE PROVIDE BENADRYL, EPIPENS, OR OTHER MEDICATIONS NEEDED FOR YOUR CHILD. REMEMBER, A FORM NEEDS TO BE ON FILE FOR YOUR CHILD TO RECEIVE ANY MEDICINE AT SCHOOL. THIS INCLUDES COUGHDROPS, TYLENOL, COLD MEDICINES, ETC.

Has your child ever had seizures? Yes No When?

How Many? _____ Treatment? _____

List any other concerns or situations which may affect your child's success in school:

For all students in all grades, please indicate if your child may receive the appropriate dosage of Potassium Iodide in the event of a nuclear emergency. Circle one: YES NO

Parent Signature _____ Date _____

IMPORTANT NOTE: By signing this paper you are giving permission for the following:

Northeastern School District may exchange medical/dental information with your child's physician/dentist and may share health information with other professionals as needed in support of the education process.

It is the responsibility of the parent/guardian to provide transportation from the school to the home for any child who becomes acutely ill or had an injury at school. In the event of a serious emergency (which may require evaluation of your child at a hospital) 911 may be called and your child may be transported to the hospital by ambulance. The service is **NOT** paid for by the district.

Parent/Guardian _____ Date _____