Pulaski County Schools
Health Information Form

School Year: 2018-2019 School: Pulaski County High School

Dear Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. Please complete this form and return it to the school nurse within the 1st week of school. All medical information is kept confidential. It is only shared with Pulaski County School Staff who are responsible for your child's care at school. **Your child will not be allowed to participate in field trips, sports or other extracurricular activities until the school nurse has this signed and completed form on file in the school clinic.**

Student's Name: _____ Birth date: _____

Parent/Guardian_____ Phone: Home: _____Work: _____ Cell #: _____
Emergency Contact(s) _____Phone: _____
Doctor Name: _____

My child has the following allergies: **Foods:** _____ **Epi Pen needed** ☐ **Yes** ☐ **No**
Bees/Insect: _____ **Epi Pen needed** ☐ **Yes** ☐ **No**
Latex: _____ **Epi Pen needed** ☐ **Yes** ☐ **No**

Please check any of the following that apply to your child's health.

**Asthma Inhaler Needed ☐Yes ☐No		Hearing Problems/deafness Hearing Aid needed ☐Yes ☐No	
Attention Deficit/Hyperactivity Disorder (ADD/ADHD)		Hypoglycemia (low blood sugar) Blood sugar monitoring needed ☐Yes ☐No	
Anemia/Bleeding Problems		Lead Poisoning	
Autism		Kidney Disease/transplant	
Behavioral Problems		Mental Health Concerns	
Bladder/ Problems and/or wetting accidents		**Seizures	
Bone/ Joint Disorders/Muscle Problems		Scoliosis	
Bowel problems and/or accidents		Sickle Cell Disease	
Cancer		Skin Problems/Disease	
Cerebral Palsy		Speech Problems	
Cardiac/Heart Problems/Hypertension		Spina Bifida/Spinal injury	
Cystic Fibrosis		Stomach/Intestinal Problem	
Dental Problems/Cavities		Sleep apnea	
Depression		Seasonal Allergies	
Developmental Delays/Problems		Thyroid Disease	
*Diabetes		Weight Problems	
Dizziness/Fainting Spells		Vision Problems/blindness Glasses/Contacts needed ☐ Yes ☐ No	
Eating Disorders/problems		Medication Allergies: (please list)	
Emotional Problems			
Frequent headaches/Migraines		Other Health Problems (please list)	
Frequent Nosebleeds			
Head injury/concussions			

* **Please talk with school nurse about completing a Healthcare plan and medication authorization form.**

Please complete and sign page 2