



# 2022/2023 Medical Alert Information

Student Name: \_\_\_\_\_  
Last First MI Date of Birth

Please complete this form and sign below. Student health information may be shared with school personnel in written, oral and electronic format on a need-to-know basis and as necessary to safeguard your child's health. Please provide the health room with any updates as needed. Student health information is requested at the beginning of every school year.

No physical health concerns Allergies (Physician-confirmed)

- Environmental \_\_\_\_\_
- Food \_\_\_\_\_
- Insect \_\_\_\_\_
- Drug \_\_\_\_\_
- Other \_\_\_\_\_

- Epi-Pen prescribed
- Oral medication prescribed \_\_\_\_\_
- No medication needed at school

**Asthma (Physician-confirmed)**

- Needs medication at school \_\_\_\_\_
- No medication needed at school

**ADD/ADHD**

- Needs medication at school \_\_\_\_\_
- Takes medication at home only \_\_\_\_\_
- Diagnosed, but not taking medication

**Cardiovascular Condition**

- \_\_\_\_\_

**Congenital Condition**

- \_\_\_\_\_

**Diabetes**

- Diagnosed \_\_\_/\_\_\_/\_\_\_
- Insulin dependent
- Non- insulin dependent

**Gastro-Intestinal Condition**

- \_\_\_\_\_

**Migraine Headaches**

- Needs medication at school \_\_\_\_\_
- Diagnosed, but no need for medication at school

**Hearing**

- Wears hearing aid(s) \_\_\_\_\_
- Diagnosed hearing loss at age \_\_\_\_\_

**Renal (Urinary) Condition**  
\_\_\_\_\_

**Seizures/Neurological Condition**

- Needs medication at school \_\_\_\_\_
- Takes medication at home \_\_\_\_\_
- History of seizures, but not presently medicated (Last seizure \_\_\_/\_\_\_/\_\_\_)
- Other neurological condition \_\_\_\_\_

**Vision**

- Corrected with prescription lenses
- Other concern \_\_\_\_\_

**Other**

- Other health concern that may affect school performance/attendance \_\_\_\_\_
- Medication your child needs at school not already listed \_\_\_\_\_
- Physical restrictions \_\_\_\_\_

**NOTE:** If medication is needed, parent and health care provider must complete an Authorization for Administration of Medication at School form before medication can be given at school. Students 12 years and older may carry and self-administer medications according to provisions of BP 5432 Medication at School. Please contact school nurse for additional information.

**Student Treatment and Release Authorization:** I understand that in the event of an accident or illness, every effort will be made to contact my child's parent/guardian. If the parent/guardian cannot be reached, I authorize and direct school authorities to obtain emergency care for my child. Should the illness or injury not be an emergency and the parent/guardian cannot be reached, I authorize school staff to release my child to the alternate contact person I have designated.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_