# 2021/2022 Student Medical Alert Update

**Student Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Date of Birth</th>
<th>Grade/Teacher</th>
</tr>
</thead>
</table>

**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.**

- **No physical health concerns**
- **No medications taken at school**

### Allergies list allergen & reaction (Physician-confirmed)

- Environmental
- Food
- Insect
- Drug
- Other
- Epi-Pen prescribed
- Needs ALLERGY medication at school
- No ALLERGY medication needed at school

### Asthma (Physician-confirmed)

- Needs ASTHMA medication at school
- Diagnosed, but no ASTHMA medication needed at school

### ADD/ADHD

- Needs ADD/ADHD medication at school
- Takes ADD/ADHD medication at home only
- Diagnosed, but not taking medication

### Cardiovascular Condition

- [ ]

### Congenital Condition

- [ ]

### Diabetes

- Diagnosed __/__/__
- Insulin dependent
- Non-insulin dependent

### Gastro-Intestinal Condition

- [ ]

### Mental Health Condition

- Anxiety
- Depression
- Autism
- Asperger’s Syndrome
- Other

### Migraine Headaches

- Needs MIGRAINE medication at school
- Diagnosed, but no need for MIGRAINE medication at school

### Hearing

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

### Renal (Urinary) Condition

- [ ]

### Seizures/Neurological Condition

- Needs SEIZURE medication at school
- Takes SEIZURE medication at home
- History of seizures, but not presently medicated
- Date last seizure occurred __/__/__
- 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

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**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** ____________

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Health Services
030316