

# Holdrege Public Schools

## 2008-09 Student Health Information Update

**This form must be completed, signed, and submitted annually for each enrolled student.**  
*Rachel Wells, RN, School Nurse*

Student First Name		Middle	Last	Preferred Name (Nickname)		Student Email (Optional)	
Enrolled at: <input type="checkbox"/> Franklin <input type="checkbox"/> Washington <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> R7 <input type="checkbox"/> Preschool					Grade	Student Cell Phone (Optional)	
				Physician Name		Date of Last Exam	
<input type="checkbox"/> Yes	<b>Student has life-threatening bee sting allergies or food allergies.</b>			<b>If yes, a written note from student's physician stating specific instructions for school is required.</b>			
<input type="checkbox"/> No							
Other allergies: <i>(please specify)</i>							
Does this student have <i>(please check any that apply)</i> : <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Conditions <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Hepatitis <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Kidney Problems <input type="checkbox"/> Ear Infections <input type="checkbox"/> Orthopedic Concerns <input type="checkbox"/> Emotional Concerns <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other				Please provide more information about the current conditions/concerns and management:			
Has student had a recent injury or illness that might limit him/her in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>				Has student had any surgeries in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i>		Does student have any hearing or vision concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>	
Please list any medication(s) your child will be taking at school? <i>Any medication taken at school must be in an original, correctly labeled container from the pharmacist with the child's name on the label, pharmacy name, physician's name, name of medication, dosage and time it is to be administered. Your doctor must also send a signed form to the school. All medication brought to school must be in the original container even if it is an over the counter medication. No medication will be given if it is in an envelope or plastic bag. Students are not to have any medication, prescription or over the counter, on their person or possession in school. The only exception to the "no medication on person" policy is a student needing to use a prescribed inhaler for Asthma. No herbal remedies will be given at school.</i>						Please list any medication(s) your child will be taking at home:	
<b>Parent/Guardian Contact: <input type="checkbox"/> 1 <input type="checkbox"/> 2</b>				<b>Parent/Guardian Contact: <input type="checkbox"/> 1 <input type="checkbox"/> 2</b>			
Name				Name			
Address				Address			
City		State	Zip	City		State	Zip
Work Place				Work Place			
Work Phone		Home Phone		Work Phone		Home Phone	
Cell Phone		Email		Cell Phone		Email	
Relationship to student				Relationship to student			
<b>In Case of Emergency</b>		<input type="checkbox"/> Yes	I(We), as parent(s) or guardian(s) of the student named at above, give my (our) permission to take my (our) child to the hospital emergency room or doctor's office in the case of an emergency in the event I(we) am(are) not available. I(We) understand that all efforts will be made to contact a parent, guardian, or emergency contact before a school representative takes the student to the emergency room or to a Holdrege physician's office unless it is an emergency situation.				
		<input type="checkbox"/> No					
<b>Educational Need to Know</b>		<input type="checkbox"/> Yes	I(We), as parent(s) or guardian(s) of the student named above, give my (our) consent for the School Nurse to contact school staff who have an "educational need to know" regarding the health status of my(our) child. I understand that all information will be kept confidential.				
		<input type="checkbox"/> No					
<b>Permission to Give Non-Aspirin Grades 5-12 Only</b>		<input type="checkbox"/> Yes	I(We) give permission to Holdrege Public Schools to give the student named above non-aspirin, such as Tylenol (acetaminophen).				
		<input type="checkbox"/> No					
Parent/Guardian Signature(s)						Date	