

HARRISONVILLE SCHOOLS STUDENT HEALTH FORM

STUDENT NAME _____ GRADE _____

EMERGENCY CONTACT _____ PHONE # _____

PRIMARY CARE PHYSICIAN _____ Preferred Hospital: _____

MEDICAL INSURANCE: (circle) YES / NO (Circle) Private / Mo Healthnet

MEDICAL INFORMATION: DOES YOUR CHILD CURRENTLY HAVE ANY OF THE FOLLOWING?

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> BLEEDING DISORDER | <input type="checkbox"/> ODD |
| <input type="checkbox"/> SEIZURE DISORDER | <input type="checkbox"/> CHRONIC BOWEL DISORDER | <input type="checkbox"/> ANXIETY |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> CHRONIC BLADDER ISSUES | <input type="checkbox"/> DEPRESSION |
| <input type="checkbox"/> AUTISM | <input type="checkbox"/> MIGRAINE HEADACHES | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> CHRONIC SKIN CONDITION | <input type="checkbox"/> FREQUENT NOSEBLEEDS | <input type="checkbox"/> BIPOLAR |

Other Condition(s): _____ Explanation: _____

Daily Medication Needed At School? Y / N Medication: _____

DO YOU BELIEVE YOUR CHILD HAS A DISABILITY THAT SUBSTANTIALLY LIMITS A MAJOR LIFE ACTIVITY? Y / N

If yes, please explain: _____

ALLERGIES / EPI-PEN USE

- Food Allergy _____
- Medication Allergy _____
- Wasp/Bee Sting Allergy _____
- Other Allergies _____
- Requires Epi-Pen (Parent to bring prescription labeled Epi-Pen & fill out medication form)
- My child **CANNOT** receive epinephrine (Epi-Pen) even when trained personnel believe he/she is having a life-threatening anaphylactic reaction.

MCEOWEN, HMS and HHS PARENTS

The following over the counter medications are in generic pill form and available to MCE, HMS, and HHS students. Please *initial* next to each medication your student may be given while at school if it is needed.

**** If the line is left blank, it will be assumed that the medication is not to be given to your student. I further understand that nursing staff will follow package directions. Parent will be notified if taken frequently and medication (in its unopened original container) will need to be brought in by a parent or guardian for the student at that time.**

TYLENOL (initials) _____ IBUPROFEN (initials) _____ TUMS (initials) _____

Parent/Guardian Signature: _____ Initials: _____ Date: _____