

# 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: CURRENT MEDICAL CONDITIONS (Circle Specific)

____ ASTHMA (uses inhaler)	____ BLEEDING DISORDER	____ ODD
____ SEIZURE DISORDER	____ CHRONIC BOWEL DISORDER	____ ANXIETY
____ DIABETES Type 1 / Type 2	____ CHRONIC KIDNEY/BLADDER ISSUES	____ DEPRESSION
____ AUTISM	____ MIGRAINE HEADACHES	____ ADD/ADHD
____ CHRONIC SKIN CONDITION	____ FREQUENT NOSEBLEEDS	____ BIPOLAR

Explanation: \_\_\_\_\_

Other Condition(s) \_\_\_\_\_

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)

## Emergency Epinephrine and/or Albuterol Contraindications

In the event of an emergency, lifesaving medications may be administered by trained personnel who believe the student is having a life threatening reaction such as anaphylaxis or be in a severely compromised respiratory crisis. If there is a medical condition THAT PROHIBITS your child from receiving either Epinephrine (EpiPen) or Albuterol (quick rescue inhaler), you will need to provide the school nurse with a doctor's note indicating the contraindicated medical condition and an alternate emergency action plan.

### \*\*\*MCEOWEN, HMS and HHS PARENTS ONLY\*\*\*

The following stock over the counter medications are in generic pill form and available to MCE, HMS, and HHS students only. 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 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: \_\_\_\_\_