

## FORT ZUMWALT SCHOOL DISTRICT STUDENT HEALTH INVENTORY and HEALTH CARE CONSENT

Student: \_\_\_\_\_  
Last
First
M.I.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  M  F

**Check all that apply to your child:**

<input type="checkbox"/> ADD / ADHD	Medication? <input type="checkbox"/>	Specify Med: _____	
<input type="checkbox"/> Allergies, food	Epi Pen? <input type="checkbox"/>	Specify Food: _____	<b>***Additional forms required</b>
<input type="checkbox"/> Allergies, insects	Epi Pen? <input type="checkbox"/>		<b>***Additional forms required</b>
<input type="checkbox"/> Allergic Reaction to Medications			
<input type="checkbox"/> Allergies, other		Specify: _____	
<input type="checkbox"/> Asthma:	Medication? <input type="checkbox"/>	Specify Med: _____	<b>***Additional forms required</b>
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			
<input type="checkbox"/> Diabetes - Please provide Dr. contact information:			<b>***Additional forms required</b>
<input type="checkbox"/> Does your child use hearing aides or have a cochlear implant?			
Additional Information: _____			
<input type="checkbox"/> Does your child wear glasses or contacts?		Fulltime <input type="checkbox"/>	Just for reading <input type="checkbox"/>
Additional Information: _____			
<input type="checkbox"/> Epilepsy / seizures	Additional Information: _____		<b>***Additional forms required</b>
<input type="checkbox"/> Heart condition / disease	Additional Information: _____		
<input type="checkbox"/> Mental / emotional condition	Additional Information: _____		
Under care of mental health professional? <input type="checkbox"/> Name: _____			
<input type="checkbox"/> Migraines	Medication? <input type="checkbox"/>	Specify Med: _____	Bring to school <input type="checkbox"/>
<input type="checkbox"/> Neurological Disorder		Specify: _____	
<input type="checkbox"/> Skin condition		Specify: _____	
<input type="checkbox"/> Orthopedic problems		Specify: _____	
<input type="checkbox"/> Wheelchair		<input type="checkbox"/> Leg braces	<input type="checkbox"/> Walker

***By signing this form, I give school permission to treat my child for minor illness, injury while at school, using the OTC products listed on the Health Care form available in my packet and on the District web site.***

*Ft. Zumwalt will provide routine vision and/or hearing screenings for all students in grades K – 5 and grade 7.*

**COMPLETE AND SIGN ON REVERSE SIDE**

*\*District policy requires a doctor's signed, written request for administration of prescription medication.*

<b>MEDICATIONS: taken at school? Please list:</b>			<b><u>***Additional forms required</u></b>
1.			
2.			
3.			
<b>MEDICATIONS: taken at home? Please list dosage and times:</b>			
1.			
2.			
3.			
<b>Has your child had a recent serious illness/hospitalization?</b>			
Specify: _____			
<b>Does your child need:</b>			
<input type="checkbox"/> Restricted physical education (need Dr. note)			
<input type="checkbox"/> Special seating			
<b>Other conditions the school should be aware of:</b>			
1.			
2.			
3.			
<b>Local Physician's name &amp; telephone number</b>			
_____			
Name	Address	Telephone	
<p><i>In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me I hereby authorize the school to take the steps necessary to insure the well being of the above-named child, which may include calling 911. If the parent(s)/guardian(s) cannot be reached, the emergency contacts provided will be called. The cost of medical attention and ambulance is the responsibility of the parent(s)/guardian(s). This information is confidential and will be shared with school personnel when deemed necessary.</i></p> <p>NOTE: Please keep the office informed of current emergency contact information.</p>			
_____		_____	_____
Signature of Parent / Guardian (Required)		Relationship	Date
<p><b><i>By signing this form, I give school permission to treat my child for minor illness, injury while at school, using the OTC products listed on the Health Care form available in my packet and on the District web site.</i></b></p>			

*You will be requested to complete and update the Student Health Information and Health Care Consent form annually.*