



# STUDENT HEALTH INFORMATION

NORTH BRANCH AREA PUBLIC SCHOOLS ISD #138

## STUDENT

Last Name (Legal Name)

First Name

Middle Name

## HEALTH INFORMATION

**Student Health Information:** Please answer all the questions. Mark the appropriate box for each of the following and add any additional information requested if you answer yes to any of the questions below.

1. Does your child have any health problems (i.e. Asthma, Diabetes, ADHD, Heart Condition, Seizures, Depression, Handicaps, etc.)? If yes, describe.  Yes  No
2. Is your child taking any medication at home?  Yes  No  
If yes, what medication(s)?
3. Will your child be taking any medication at school?  Yes  No  
If yes, a physician must complete a Medication Authorization form (take to physician to complete) or call the school nurse. Parent signature is required on the completed authorization form from your physician.
4. Does your child require any special healthcare procedures?  Yes  No  
If yes, list procedures. If at school, call the school nurse.
5. Does your child have any allergies?  Yes  No  
If yes, list non-food allergies. If yes, list food allergies.
6. Has an EpiPen been prescribed for your child's allergy?  Yes  No  
If yes, a physician must complete a Medication Authorization form (take to physician to complete) or call the school nurse. Parent signature is required on the completed authorization form from your physician.