



# Education at its best.

MONTELLO SCHOOL DISTRICT

District Phone: 608-297-7617 Fax: 608-297-7726

## School District Health Record Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

In order to meet your child's health needs while at school, we request the following information. Please complete and sign below even if no health needs exist. Standard first aid procedures are followed for all injuries and illnesses occurring during school. Please make sure we have a way to contact you in an emergency.

<b>Has your child been diagnosed with any of the following conditions by a Healthcare Provider? Is this a change from last school year? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Emotional/Behavioral/Psych	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Other _____
<b>Details/Specifics regarding condition:</b>		

Allergies		
<input type="checkbox"/> Food	Specify: _____	<b>Does your child require emergency epinephrine: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>
<input type="checkbox"/> Insect	Specify: _____	Does your child require oral antihistamine? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Seasonal	Specify: _____	<i>If yes to either, the medication will need to be provided by the Parent/guardian and a medication consent form is required in order to administer it at school.</i>
<input type="checkbox"/> Other	Specify: _____	

<b>Other Medical Problems/Surgeries/Health Information:</b>

**Please contact the school if you wish to talk to the school nurse about your child's health condition.**

<b>MEDICATION: Is your child currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		
Type of medication: _____	Reason for medication: _____	When is it given? _____

*\*\*If the medication is to be given at school, a Medication Consent Form is required.*

**If your child has a health condition such as asthma, diabetes, epilepsy, or a life-threatening allergy, there are specific documents their provider must fill out. If your child has another medical diagnosis that will require an emergency/medical plan in place, please reach out to me and we can discuss it. For access to these medical forms, please visit the school website or contact the school district for more information.**

**This information will be utilized by the school nurse to develop a health plan for your child if necessary. Information regarding your child's health condition will be shared only with staff who need to know to assist your child in school.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_