ARLINGTON PUBLIC SCHOOLS

To complete this form electronically, it must be opened in *Adobe Reader*!

Reset Form

Health Concerns

For Office Use Only ☐ Completed medication orders ☐ Medical supplies received ☐ Medications received Student ID _____

Student name _____ Gender _____ Birthdate _____

School _____ Current grade _____

This information is needed to plan an appropriate program for your student and to prepare for any emergency situation if one should arise. Your building nurse will contact you if there are any additional questions. This form is to be completed by the parent/guardian. **The law requires that life threatening conditions such as anaphylaxis, asthma, diabetes or seizures have a completed care plan, completed medication orders, medical supplies and medication(s) supplied to the school prior to the student's first day of school. Please contact the building nurse as soon as possible to ensure the paperwork is complete.**

☐ **No known health concerns at this time** (please sign and date)

Medical History (Indicate all that apply)

Life Threatening Health Conditions

☐ ***Hemophilia** ☐ ***Diabetes Type I**
☐ ***Anaphylactic Condition (epi-pen)** ☐ ***Seizure Condition**
☐ ***Allergies** ☐ ***Asthma**

***Asthma** ☐ **Mild** ☐ **Moderate** ☐ **Severe** ☐ **Exercise Induced**

Use of an inhaler at school for any reason (Please contact nurse for care plan)

☐ ***Cardiac Condition**

Congenital Condition (explain) _____

Hematology (Blood)

☐ Sickle Cell Anemia ☐ Other blood condition

Cardiovascular/Heart Condition

Please list _____

Endocrine, Allergy, Immune System

☐ Allergy - Food ☐ Allergy - Insect

Other Allergy _____

☐ Cystic Fibrosis ☐ Eating Disorder
☐ Diabetes Type II ☐ Thyroid Disorder

Other Endocrine, Immune, or Metabolic Disorder

Describe _____

Gastrointestinal-Intestinal, Dental & Oral Conditions

☐ Celiac Disease ☐ Crohns ☐ Irritable Bowel
☐ Lactose Intolerance ☐ Gastroesophageal Reflux

Other _____

☐ Liver Disease
☐ Dental Condition
☐ Oral Condition

Skin and Subcutaneous Tissue

☐ Contact Dermatitis

Other _____

Nervous System

☐ Asperger's Syndrome ☐ Autism

☐ ADHD/ADD diagnosed by _____

☐ Cerebral Palsy
☐ Developmental Delay
☐ Migraines ☐ Headaches ☐ Shunt
☐ Intellectual Disability
☐ Paralysis

Other _____

☐ Sensory Condition
☐ Spina Bifida
☐ Spinal Cord Injury
☐ Traumatic Brain Injury
☐ Speech Disorder

Mental or Behavioral Health Condition

☐ Sleep Disorder ☐ Tourette's Syndrome

Other _____

Respiratory

☐ Reactive Airway Disease

Other _____

Musculoskeletal & Connective Tissue

☐ Juvenile Rheumatoid Arthritis
☐ Muscular Dystrophy
☐ Osgood-Schlatter
☐ Scoliosis

Other _____

Renal & Genitourinary

☐ Chronic Urinary Tract Infections ☐ Dysmenorrhea (painful periods)

Other _____

Neoplasms (Cancer/Tumors)

Please list _____

Eye and Ear

☐ Chronic Ear Infections ☐ Hearing Impaired
☐ Visually Impaired ☐ Wears hearing aids
☐ Wears glasses

MEDICATIONS: (Please report all medications that your student takes both at home and at school)

Is medication needed at home? ☐ No ☐ Yes Please list _____

Is medication needed at school? ☐ No ☐ Yes Please list _____

State law requires written permission from parent/guardian and a licensed health care provider before any medications, prescription or over-the-counter medication, may be taken at school. Forms are available from the school health rooms, school office, or from the Arlington Public Schools website at www.asd.wednet.edu/for_parents/district_forms.

If parent/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of the school authorities, I authorize and direct the school authorities to send the student to the hospital or doctor most accessible. I understand that I will assume full responsibility for the payment of any services rendered. I understand that the information given above will be shared with appropriate school staff that needs to know in order to provide for the health and safety of my student.

Legal Parent/Guardian Signature _____ Date _____

Revised 03/13; 08/13; 12/13; 03/14; 11/14; 03/15; 07/19