

PLEASANT VALLEY DISTRICT #62 HEALTH/MEDICAL FORM 2018-2019

Student's Name:		Grade Level for 2018-19 School Year _____	
First:	Middle:	Last:	
MEDICAL CONDITIONS	NO	YES	EXPLAIN:
Asthma (Diagnosed by a Physician)			Inhaled med: YES or NO Oral med: YES or NO Need Asthma Action/care plan from Physician
Diabetes			Arrange a conference with teacher & nurse prior to school
Seizures			Arrange a conference with teacher & nurse prior to school
Heart Problems			
Blood Pressure Problems			
Bone Disorder or Injury			
Blood Disorders			
Skin Problems			
Bowel Problems			Dietary Restrictions? (Need note from Physician)
Urinary Problems			
Frequent Headaches or Migraines			
Eye/Vision Problems			Glasses or Contacts
Ear/Hearing Problems			
Speech Problems			
Emotional/ Behavioral Problems			Explain:
Allergies (seasonal, insect, food, medicine, nuts)			Explain: Need Food care plan from Physician for Food Allergies EPI PEN: Yes or No
Other Health or Physical Impairments			Explain:
Serious Illness/Injury/Hospitalization			Explain:
Medicine taken at HOME			Name of medicine:
Medicine taken at SCHOOL			Name of medicine: Need signed note from Physician to administer at School.
Physician's Name:			Phone:
Hospital Preference:			
Parent Signature:			Date:
<p>**I give Pleasant Valley School permission to keep this information sheet on file in the medical files. I realize that my child's teachers have access to this information. In the event of an emergency where, in the judgement of school authorities urgent medical care is indicated and I cannot be reached, I also give permission for my child to be transported by ambulance to a hospital and for a doctor or medical personnel to give emergency treatment.</p>			