

**PLEASANT VALLEY DISTRICT #62 HEALTH/MEDICAL FORM 2019-2020**

<b>STUDENT'S NAME:</b>		Grade Level for 2019-2020 School Year ____	
<b>First:</b>	<b>Middle:</b>	<b>Last:</b>	
<b>MEDICAL CONDITIONS</b>	<b>NO</b>	<b>YES</b>	<b>EXPLAIN:</b>
Asthma (Diagnosed by a Physician)			Inhaled med: <b>YES</b> or <b>NO</b> Oral med: <b>YES</b> or <b>NO</b> <b>Need Asthma Action/care plan from Physician</b>
Diabetes			<b>Arrange a conference with teacher &amp; nurse prior to school</b>
Seizures			<b>Arrange a conference with teacher &amp; nurse prior to school</b>
Heart Problems			
Blood Pressure Problems			
Bone Disorder or Injury			
Blood Disorders			
Skin Problems			
Bowel Problems			<b>Dietary Restrictions? (Need note from Physician)</b>
Urinary Problems			
Frequent Headaches or Migraines			
Eye/Vision Problems			<b>Glasses or Contacts</b>
Ear/Hearing Problems			
Speech Problems			
Emotional/ Behavioral Problems			Explain: (ADHD, ADD, Anxiety)
Allergies (seasonal, insect, food, medicine, nuts)			Explain: <b>Need Food care plan from Physician for Food Allergies</b> <b>EPI PEN: Yes or No</b>
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: <b>Need signed note from Physician to administer at School.</b>
<b>Physician's Name:</b>			<b>Phone:</b>
<b>Hospital Preference:</b>			
<b>Parent Signature:</b>			<b>Date:</b>
<p><b>**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.</b></p>			