

Rochester School Corporation
Student Health Information Form

To be completed by parent/guardian and returned to school

Student Name: _____ Birthdate: _____ Male or Female
Grade: _____ Parent/Guardian Name: _____

Please check below if your child has any of the following conditions:

- _____ Allergies (Please List) _____
- _____ Asthma (Please complete form on back)
- _____ Bee Sting Allergy (Please complete form on back)
- _____ Diabetes
- _____ Dietary Restrictions
- _____ Fainting Spells
- _____ Frequent Ear Infection or Ear Tubes
- _____ Frequent Headaches or Migraines
- _____ Hearing Loss
- _____ Heart Conditions
- _____ Physical Limitations
- _____ Seizures
- _____ Stomach Disorder
- _____ Wears Glasses/Contacts
- _____ Other Medical Conditions _____

If any of the above items are checked, please give details:

Current Medications (Include dosage and frequency):

Past Hospitalizations, surgeries, or bone fractures:

Any Additional Comments:

Your signature below allows the school nurse to share any health information with appropriate school staff members. Information obtained from this form is protected health information and HIPAA/FERPA disclosure guidelines will be strictly followed.

Parent/Guardian Signature

Date

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Please complete this section if your child has a **BEE STING ALLERGY.**

_____ My child has shown slight swelling after a bee sting. He/she needs to be observed carefully.

_____ My child has shown reactions to bee stings and my doctor has recommended the following medication be given: _____

I will provide the school with this medication to be given to my child.

_____ My child is severely allergic to bee stings. My doctor requests an Epinephrine Pen (Injection) to be given. I will provide the school with the required injection along with a doctor's order for administration.

Please complete this section if your child has **ASTHMA.**

Symptoms your child experiences during a typical **Asthma Attack:**

Please list any **Asthma Triggers** (such as exercise, colds or infections, allergies, environmental irritants, etc.):

Asthma Medications (include maintenance and relief medications):

Specific Instructions for school staff if your child has an Asthma episode:

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