Madison Public Schools School Health Services – Health Evaluation

Student name:	Grade:	Telephone:	

Physician: _____

Telephone:

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The responsibility of the school in emergency situations is to give immediate care, notify parents, and see that the child is placed under responsible care of an adult which is authorized by the parent. Please complete the following and send it to the attention of the school nurse <u>NO LATER THAN FRIDAY</u>, September 4, 2015.

Please indicate if your child has any of the following medical conditions by placing an "X" in the blank before each condition. Elaborate in the section to the right.

1. ALLERGIES	List
	Does your child require medication at school for an anaphylaxis or severe reaction?
	Yes No Medication: ** Submit "Food Allergy and Anaphylaxis Plan" physician orders
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2. ASTHMA	Does your child require an inhaler** at school? Yes No
	** Submit "Asthma Action Plan" signed by physician
3. CONVULSIONS/SEIZURES	Cause Medication
4. DIABETIES	Please submit physician orders for diabetic care.
5. FREQUENT HEADACHES	Cause, if known
6. FREQUENT USE OF BATHROOM	Cause, if known
7. FREQUENT NOSEBLEEDS	Cause, if known
8. HEART CONDITION*	Cause, if known(*excluded from physical education only with written approval of physician)
	(*excluded from physical education only with written approval of physician)
9. PHYSICAL CONDITIONS*	
	(*excluded from physical education only with written approval of physician)
10. HEARING/VISION	Specify
	Eyeglasses worn during physical education?
12. SKIN CONCERNS	
•	ister Acetaminophen/Tylenol, as prescribed by the school physician for mild to 5-2016 school year such as; but not limited to headache, sore throat, stomach ache,
muscle ache, orthodontic or menstrual disco	omfort during the2015-16 school year.
Please Circle: YES N	0
Signature:	Date:

If there are other health problems that we should be aware of, please explain on the back of this form.

Is your child on any medication? If so, please indicate:

Any recent serious injury or procedures:

Permission is granted to share the above medical information with appropriate school personnel.