

HEALTH INFORMATION RECORD

STUDENT NAME _____ 2010-2011 Grade _____

Does your child have allergies? What are they? How do you treat them?

Does your child have a history of hearing problems or ear infections? _____

Does your child wear glasses or have vision problems? _____

Medications given at home and why prescribed? _____

Medications to be given at school and why prescribed? (Medications: prescription or over-the-counter require written permission from physician and a parent signature)

Does your child have any of the following? Please check all that apply. Please explain items checked:

☐ Asthma _____

☐ Diabetes _____

☐ Seizures/ Epilepsy _____

☐ ADD /ADHD _____

☐ Bone / joint problems _____

☐ Heart problems _____

☐ Skin condition _____

☐ Blood disorder _____

☐ Developmental delay _____

☐ Birth defect _____

☐ Speech problems _____

☐ Any other chronic medical condition (e.g. cerebral palsy, crohns, arthritis) _____

Has your child had any serious accidents? _____

Has your child ever been hospitalized? Why? When? _____

Has your child ever had surgery? Explain _____

Any other health concerns or restrictions: _____

I give permission to share this health information with school personnel who work with my child.

Parent/Guardian signature

Date

***Please see reverse side of this form for important signature.**

EMERGENCY TREATMENT CARD

If impossible to contact parent/guardian, or emergency contacts, I give permission and consent to Woodstock Community Unit School District 200, its employees and agents, to call the rescue squad, arrange for immediate medical treatment by a licensed physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgment they deem appropriate to treat any injury sustained by my child. I further authorize Woodstock Community Unit School District 200, by and through its employees and agents; to administer such emergency medical treatment as is necessary for the health and welfare of my child.

I do hereby agree to hold harmless and indemnify Woodstock Community Unit School District 200, its employees and agents, either jointly or severally from all claims, demands, damages or causes of action or injuries, including reasonable attorney's fees and costs in the defense thereof, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

Date

Parent/Guardian Signature