

**Annual Health Information Form 2023-2024**

***This is confidential information will be shared with school staff on a need-to-know basis***

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_School: \_**Sand Creek High School**\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check all CURRENT health conditions of your student:**

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| --- | --- | --- | --- |
| ADD/ADHD □ | **Diabetes** **□** | Head injury/concussion **□** | **POTS Syndrome** **□** |
| Allergies  **□** | Bowel/bladder **□** | Hearing loss **□** | **Seizure disorder** **□** |
| **Asthma**  **□** | Bone/joint **□** | Migraines/headaches **□** | Stomach issues **□** |
| Autism **□** | **Depression** **□** | **Other Mental Health Diagnosis**: | |
| **Anxiety** **□** | Developmental delay **□** |  | |
|  |  |  | |
|  |  | Other Medical Diagnosis: | |
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| List any other **medical conditions** which may impact your student’s learning at school, including dietary or physical restrictions: |
| Does your student currently take any **daily medications**? **Yes** □ **No** □ If Yes, list the medications your student takes:  Medication/Dose/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medication/Dose/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will your student be taking any medications at school? **Yes** □ **No** □  Does your student have any **ALLERGIES TO FOODS OR MEDICATION**? **Yes** □ **No** □  If YES, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Please note: A physician order is required for **all** **prescription** medications to be administered at school. Please contact school health office for more information at: **Sand Creek High School Health Room: 495-1195** |
| Does your student have a **Significant Life-Threatening Allergy**? **Yes** □ **No** □  **If Yes**, list the specific allergy, reaction/symptoms and date (month/year) of last reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will you beproviding the school with rescue medication, such as Epinephrine, for the significant allergy? **Yes** □ **No** □  If rescue medication is **NOT** provided, **911** will be called if an emergency arises. |
| Does your student wear glasses/contacts? **Yes** □ **No □ Vision Diagnosis: □** Trouble seeing things far away (**Myopia – Near sighted**) **AND/OR** **□** Trouble seeing things up close (wears READING GLASSES) (**Hyperopia – Far Sighted**). |
| Does your child have **Medicaid**? ***Yes*** □ ***No*** □  *If your student does* ***NOT******have******health******insurance****, please call Peak Vista:* ***719-632-5700***  *for more information****.*** |
| **Emergency Care Parent Permission:** In case of serious illness or injury, first aid will be rendered in accordance with school policies. If ambulance service is necessary, the parent/guardian must assume financial responsibility.  If parent/guardian cannot be reached in the event of such emergency, your student will be sent to the preferred hospital listed above, or to the medical facility determined by Emergency Medical Service (EMS). |
| **Student’s Physician (PCP)**: |
| If needed, I (parent/guardian) give the school permission to contact my student’s doctor to obtain **immunization records**.  **Yes** □ **No** □  Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Parent/Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_