



As we prepare for next school year, please use this form to provide information to the School Nurse regarding any health/medical conditions your daughter may have. If the nurse is aware of any health issues, she can plan with you and the student to allow for a smooth transition in September.

****All information will be kept confidential.****

2021-2022 HEALTH/MEDICAL INFORMATION

Student's Name: _____ Grade (2021/2022) _____

- Does the student have Asthma? ___ Yes ___ No
- Does the student have significant allergies? ___ Yes ___ No
If yes, to what? _____
- Does the student have Diabetes? ___ Yes ___ No
- Does the student have a seizure disorder? ___ Yes ___ No
- Does the student take any prescription **or** over the counter medication on a regular basis? ___ Yes ___ No

- If yes, please list each medication, dose and timing:

- Does the student have any emergency medicines ordered? ___ Yes ___ No

- If yes, please list the medication with dose:

- Is there any additional medical history or condition that the nurse should know about?
For example... **History of Covid-19? Vaccinated for Covid-19?** Other medical information?

