# DOVER-EYOTA HEALTH/EMERGENCY CONTACT INFORMATION

Please provide the following information for the purpose of initiating or updating your son or daughter's school health record. Please mail or bring the form back to the school health office.

Student Name: _____ Birthdate: _____/____/_____ Sex: M F

Address: _____Home Phone #: _____

School: _____ Grade: _____ Teacher: _____ School Year _____

Parent/Guardian Name(S)_____

Phone #1_____ Phone #2 _____

Emergency Contact Name and Phone _____

Emergency Contact Name and Phone _____

Doctor's Name/Medical Provider: _____

Complete health information and check any of the following health conditions(s) your child has:

- □ Ht. _____Wt.: _____
- □ Allergies: _____ Anaphylactic? - provide Emergency Action plan
- □ Asthma, provide Asthma Action Plan
- □ Seizure Disorder, Provide Seizure action plan
- □ Diabetes, Provide diabetes action plan
- □ Heart condition
- □ Attention Deficit/Hyperactivity Disorder
- □ Learning Problems
- □ Mental health/behavioral/emotional concerns¨
- □ Dental/Orthodontic problems
- □ Headaches (severe or frequent)
- □ Concussion or head injury history
- □ Hearing Impairment:
  - Hearing aids: Yes / No
- □ Vision impairment
  - Glasses or contacts: Yes / No
- □ Orthopedic - Muscle or bone conditions¨
- □ Mobility or activity restrictions
- □ Skin conditions
- □ Hospitalizations/surgical procedures in the past year.
- □ Food restrictions or Special Diet Need
- □ Medications: Prescription or OTC (List below)
- □ Other medical concerns/health conditions
- □ NO Health Concerns

If you have answered yes to any of the above health conditions or have any additional concerns, describe in detail.

_____

_____

_____

Would you like to schedule a conference with the licensed school nurse? ❑ Yes ❑ No

This information you have provided will only be shared with school staff that require access to this information to meet your child's health and safety needs while at school. Do you agree? ❑ Yes ❑ No

Parent Signature: _____Date: _____

***Office Use Only*** Entered_____ Listed in concerns_____ Reviewed by LSN/RN_____ Updated 5/3/23