HEALTH INFORMATION

FOR OFFICE USE ONLY
Health Entered - ☐
Student ID: _____

To better meet the needs of your student, we ask you to please provide health information about any significant or ongoing health conditions that your child may have. Having this health information in advance will enable our School Nurse and our Health Clerk to provide you with any necessary paper work that *may* be needed.

Student's Name: _____ **Birthdate**: _____

HEALTH INFORMATION ON YOUR CHILD WILL BE SHARED WITH THE CLASSROOM TEACHER AND ANY OTHER STAFF MEMBERS THAT HAVE A NEED TO KNOW.
NO MEDICATION WILL BE ADMINISTERED BY SCHOOL OFFICIALS WITHOUT WRITTEN INSTRUCTIONS FROM THE PHYSICIAN REGARDING DOSAGE, FREQUENCY OF DOSAGE AND PARENT SIGNATURE.

HEALTH INFORMATION: List any significant or on-going health condition
Examples: severe allergies / epi pen, asthma, ADD/ADHD, birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, or any other condition relevant to school or athletics.

_____

_____

_____

MEDICATIONS – Taken by Student

AT SCHOOL _____

AT HOME _____

ALLERGIC TO: _____

DESCRIBE REACTION: _____

_____

_____

Wears glasses/contacts for Distance? ☐Yes ☐No **Reading Glasses Only:** ☐Yes

The following signature will be applicable for as long as enrollment continues in St. Vrain.

I, the undersigned, do hereby authorize officials of the St. Vrain Valley School District to contact directly my emergency contacts, and do authorize the treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, my emergency contacts, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school district liable for the emergency care given. If school personnel are unable to contact parents or my emergency contacts to provide transportation for a sick or injured child, said child will be transported to the hospital, doctor's office or home by ambulance, or other available transportation. I agree the school district will not be held financially liable for any transportation costs.
ALL COSTS WILL BE ASSUMED BY PARENT(S).

_____ _____

Signature of parent or guardian **Date**