

Rock Valley Student Health Registration • School Year: _____

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____ **Gender:** _____

When child is ill or injured, please list which parent/guardian the school should notify first. Please list in preferred order of contact.

#1) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

#2) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

In case parent can't be reached, please contact the individual below: This person has agreed to assume this responsibility and is local.

#3) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

Child's Doctor: _____ Phone #: _____ Preferred Hospital: _____

Child's Dentist: _____ Phone #: _____ Orthodontist: _____

Type of Health Insurance: Private Title 19/Medicaid Hawk-I No Health Insurance Other: _____

HEALTH CONCERNS Mark the box if your child has a history of the following conditions. Mark additional information as needed. **Additional forms may need to be completed by your physician (marked with *).** Forms available on school website.

Asthma or Reactive Airway Disease

- Triggers→ Exercise Colds/Allergies Animals Smoke Weather Food Dust/Air Other: _____
- Will the inhaler ever be needed at school? No Yes → **Asthma Action Plan***
- Will the student carry their own inhaler? No Yes → **Authorization to Carry/Self-Administer***

Diabetes Type 1 Type 2

- Does the student use insulin? No Yes → **Diabetic Medical Management Plan***
- Does the student have glucagon? No Yes → At school → Office Backpack Locker # _____

Seizure Disorder → Seizure Action Plan*

- Does the student have rescue meds? No Yes → At school → Office Backpack Locker # _____

Allergies [Food, Insect, Seasonal, Medication]

- Is the student at risk for anaphylaxis at school? No Yes → **Allergy & Anaphylaxis Emergency Plan***
- Will the student need a lunch accommodation? No Yes → **Diet Modification Form***
- Does the student have an EpiPen? No Yes → At school → Office Backpack Locker # _____
- List allergies below:
 - Food(s)→ Peanut Tree Nut Eggs Milk Fish/shellfish Soybean Gluten Other: _____
 - Insect stings Seasonal allergies Medication(s): _____ Other: _____

Heart Condition/Murmer/Disease/Surgery: _____

Activity Restrictions (ongoing) → **Doctor's note required for explanation*:** _____

ADD / ADHD Emotional and/or Behavioral Diagnoses → Anxiety Depression Other: _____

Requires medication (list in chart below)

Headaches / Migraines: _____

Bowel/Bladder Concerns or Incontinence: _____

Assistive Equipment → Glasses / Contacts Hearing Aids Wheelchair Other: _____

History of Concussion / Head Injury: _____

Other medical history or current medical/developmental concerns that could affect child's education (use back if necessary): _____

MEDICATIONS List ALL medications taken regularly at home or at school. Please specify frequency and reason for use. Use back if necessary.

Medication:	Dose:	Time(s) Taken:	Frequency:	School / Home	Reason for use:

- I give permission to the school to administer over-the-counter medications (such as but not limited to acetaminophen, ibuprofen, antibiotic ointment or cough drops) to my child if supply is available. Medication will only be given per label indication and dosed according to age.
- I do **NOT** give permission to the school to administer any medications the school has available.

I understand that any medication sent from home to be taken at school needs to be in the original labeled container and a Medication Authorization Form must be completed in order for it to be given. I understand that students may not carry any medications. I give permission to the school to contact my child's doctor/dentist to confirm appointments and authorize medications/plans of care as necessary. If an emergency should arise, I agree to assume full financial responsibility for my child's medical care. I understand it is my responsibility to update any of the above information as needed. I understand this information is confidential but may be shared with appropriate school personnel when necessary for the child's safety or education.

Parent/Guardian Signature: _____ **Date:** _____