ALPINE SCHOOL DISTRICT STUDENT HEALTH INFORMATION

Student's Name		Birth Date		Sex
Address		City		Grade
Home Phone	Cell Phone	0	ther Phone	
Parent/Guardian:				
Parent/Guardian Email:				
Student Lives With:	Both Parent	Mother	_ Father	Other
MEDICAL HISTORY				
Family Doctor		Phone		
Any serior Asthma orthope Heart dis Kidney E Seizures Diabetes Serious orthope Serious a Vision ex	or breathing problems? How dic or bone problems? sease or murmur? sease?? (Type and frequency)? (Insulin dependent or on a or chronic disease? (i.e. Leuk child had the Chickenpox diaccident/injury? sam? Date	please describe) y to what and how serious) y serious? an insulin pump?) kemia, transplant) isease? By Whom	Results	
If yes, what type(s) and in **If yes, a student medicat medication can be given. injectors, and insulin). You IT IS A VIOLATION OF T	reason:	e administered during school? De completed by parent and physic he counter) and prescription med office. POLICY FOR K-12 STUDENTS Township proper signed prescriber as	cian and returned dications (includi	I to the school <u>before any</u> ing inhalers, epinephrine MEDICATION —with the
Signature of Parent /Cuc	ordian	Date		

Please Note: The information requested is considered to be essential for planning a program each year which will meet the needs of your child. This information will be kept confidential and only persons working directly with your student (i.e. teachers, administrators, nurse) will have access to this information.