SVSD Health Services
Confidential Emergency Health Information

Please complete and return to your child's school immediately. This form is to be completed ANNUALLY.
Has information changed within the past year? ☐ Yes ☐ No

Name: _____ **Birth date:** _____ **Sex: M** ☐ **F** ☐

School: _____ **Grade**: _____ **Teacher**: _____

Parent/Guardian: _____

Home Phone: (___)_____ **Alternate Phone**: (___)_____

Parent/ Guardian email address: _____

[Nurses may use email to obtain updates regarding student care plan information]

In order to provide a safe& healthy environment for your child this information will be accessible to appropriate school staff who may have contact with your child.

A. CURRENT HEALTH CONDITIONS (check the ones that may affect your child at school)

☐ Severe allergy* (requiring emergency medication)
☐ Asthma*
☐ Diabetes*
☐ Seizure Disorder*
☐ Mental Health Issues
☐ Neurological Disorder _____
☐ Cardiovascular Condition
☐ Hearing problems
☐ Skin Disorder _____
☐ Vision Problems (except corrective lenses)
☐ Other _____
☐ Bowel disorder
☐ Orthopedic problem
☐ ADD/ADHD
☐ Frequent migraines

**** Potentially life-threatening conditions REQUIRE that a care plan be in place (contact the school nurse)***

Additional comments/physical limitations: _____

B. MEDICATION: Is medication needed **at home?** Yes ☐ No ☐

Name of medication: 1) _____ 2) _____

Is medication needed **at school?** Yes ☐ **(please see note below)** No ☐

Name of medication: 1) _____ 2) _____

PARENT, PLEASE NOTE:
Before medication can be allowed on school campus, a Physician's Orders/Parent Consent form, available in the school office and on the school district website, must be completed by the parent & physician and kept on file.

In case of serious injury, illness or an emergency at school the District will make every attempt to reach the student's parents or the person(s) designated. In the event that the child's parent(s), guardian(s) or physician cannot be reached, the building administrator or designee will make a decision as to the most appropriate action to take in the student's best interest.

Parent: _____ **Date:** _____