

Leyton Public Schools



Health Information

The following information is considered confidential and is for the use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day.

| | | |
|------------------------------|--------------------------------------|-------|
| Student Name | Birthdate | Grade |
| Signature of Parent/Guardian | Printed name/relationship to student | Date |
| Home Phone | Work Phone | |

CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:

| | | | |
|--|--|---|-------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney/ Bladder Disease | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> ADD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Convulsions, Seizures | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Orthopedic/Bone | <input type="checkbox"/> Social/Emotional/Behavioral Issues | |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Bowel/Bladder Issues | <input type="checkbox"/> In Counseling | |
| <input type="checkbox"/> Asthma | Provoked by: _____ | Severe <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If yes, please obtain Asthma/allergy action plan from the school secretary.

Allergy to _____ Severe Yes No

Has the above condition been diagnosed by a medical doctor? Yes No

If yes, what is the doctor's name? _____ Phone # _____

May we obtain this information? Yes No

If yes, please sign a release of information obtained from the school secretary.

What does your child do to manage his/her condition?

How can the teacher help with this at school?

What symptoms should we report to you?

Takes medication daily at ___ home ___ school

Medication is: _____

For: _____

If your child must receive medication while at school, an “authorization for medication” form must be completed and signed by parents or legal guardians of the child. If it is for a prescription medication, your child’s doctor must sign the form. (chapter 195-182) You can obtain this form from the school secretary.

Provide any information not included above which you think we should know about your child’s physical, mental, or emotional health which might affect school performance or require special consideration, ie. Limitations in activities etc.
