THORP SCHOOL DISTRICT
STUDENT HEALTH INVENTORY

Student's Name: _____ **Birthdate:** ____/____/____ **Grade/Teacher:** _____

HEALTH CONCERNS: ☐ YES ☐ NO* ***If NO, please sign:** _____
(Parent signature if no health concerns)

IF YES, PLEASE COMPLETE THE FOLLOWING:

☐ Allergies (Circle severity) Mild Moderate Severe

☐ Bees ☐ Foods ☐ Medication(s) ☐ Hay Fever/Pollen ☐ Other: _____

☐ Asthma (circle severity) Mild - Moderate - Severe
☐ Bleeding Problem
☐ Bone/Orthopedic
☐ Activity Restrictions
☐ Diabetes
☐ Skin Problems/Eczema
☐ Earaches/Infections/Tubes
☐ Behavioral Problems
☐ Urine/Bowel Problem
☐ Seizures/Epilepsy
____ petit mal ____ grand mal

☐ Heart Problem
☐ Frequent Headaches
☐ Frequent Nose Bleeds
☐ Hearing Problem
___ wears hearing aids
☐ Vision Problem
___ wears glasses/contacts
☐ Other: _____

PLEASE DESCRIBE CHECKED ITEMS ABOVE: _____

_____

_____

Is medication given at home? ☐ Yes ☐ No Will it be needed at school? ☐ Yes ☐ No

If yes, describe health problem(s) and medications(s) used: _____

_____

NOTE: *Any medication (prescription or non-prescription) taken at school must have written parent/guardian **and** health care provider consent. Check with the school secretary/school nurse for forms and more information on this state mandated policy.*

Does your child have a life threatening medical condition? ☐ YES ☐ NO

Student's Physician: _____ Physician's Telephone No.: _____
Student's Dentist: _____ Dentist's Telephone No.: _____
Hospital Preference and Instructions: _____

If a medical emergency should occur at school and a parent/guardian cannot be reached, I give the staff/administration of Thorp School and the student's emergency contacts permission to transport my child to a doctor to seek any medical attention deemed necessary by school administration, emergency contact and/or doctor. In addition, my signature confirms that all information provided in the Health Inventory and Student Registration Form are true and correct.

I give permission for this information to be shared with school personnel on a "need to know basis."

_____ _____ _____
Signature of Parent/Guardian **Relationship to Student** **Date**

Please return this form to the school office as soon as possible. *Rev 03/15/2013*