



School Year: 2023-2024

THORP SCHOOL DISTRICT
STUDENT HEALTH INVENTORY

Student's Name: Birthdate: Grade/Teacher:

HEALTH CONCERNS: YES NO If NO, please sign: (Parent/guardian 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 Heart Problem
Bone/Orthopedic Frequent Headaches
Activity Restrictions Frequent Nose Bleeds
Diabetes Hearing Problem
Skin Problems/Eczema wears hearing aids
Earaches/Infections/Tubes Vision Problem
Behavioral Problems wears glasses/contacts
Urine/Bowel Problem
Seizures/Epilepsy Other:
petit mal grand mal

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

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 healthcare provider consent. Check with the school secretary/school nurse for forms and more information on this state-mandated policy.

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 District and the student's emergency contacts permission to transport my child to a healthcare provider to seek any medical attention deemed necessary by school administration, emergency contact and/or healthcare provider. 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.



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**Signature of Parent/Guardian**

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**Parent/Guardian Printed Name**

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**Relationship to Student**

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**Date**

*Please return this form to the school office as soon as possible.*

*Rev 02/16/2023*