

Tintic School District Annual Student Health Update
2021-2022

Student Name: _____ Date: _____

Grade: _____ Sex: _____ Date of Birth: _____ Bus my child rides: _____

MEDICATIONS

State law requires a **written order from a healthcare provider and parent consent** before any medication (prescription or over-the counter) can be given at school. A form is available from the nurse. All medication must be stored in the school health office.

Students are permitted to hand-carry prescribed emergency medications, such as an inhaler, an Epi-pen or diabetic supplies when the required forms are completed by the student's health care provider and parent/guardian. Such forms are available from the nurse.

Medication needed at school:

Medication needed at home:

MEDICAL EMERGENCIES / DISCLOSURE OF HEALTH INFORMATION

In the case of a medical emergency school personnel will make every attempt to contact the parents. Student health information will be shared with emergency personnel.

Student health information will be shared with school staff only if the information is necessary to meet the student's health, safety and/or education needs.

SCHOOL HEALTH SCREENINGS

Vision, hearing, dental and scoliosis screenings as well as height and weight measurements are provided to students in various grades. Parents must provide a written statement to the nurse annually to excuse their child from health screenings. Opt-Out forms are available if you choose not to have your child screened.

Parents/guardians are responsible to notify the school if there is a new or existing health condition. This helps ensure your child receives safe and appropriate care at school.

| YES | NO | HEALTH CONDITIONS |
|-----|----|--|
| | | Has your child been recently treated for an injury or illness? (describe): |
| | | ADD ADHD |

| | |
|--|--|
| | <p>Allergies: Foods (Please list) _____ Bee</p> <p>Drug Allergies (Please List): _____ Other (please list) _____</p> <p>Please describe reaction: _____</p> <p>Does your child have an Epi-Pen prescribed for allergies? Yes No <i>If yes: School will be provided with Epi-Pen</i></p> <p>Epi-pen will be carried by student <i>All students with Life Threatening Allergies need an <u>Allergy Management Plan</u> completed by the healthcare provider and parent/guardian. Please request the form from your School Nurse.</i></p> |
| | <p>Asthma: Check the box that best describes your child:</p> <p>Uses inhaler 2 days or less per week</p> <p>Uses inhaler more than 2 days per week, but not daily</p> <p>Uses inhaler daily</p> <p>Uses inhaler several times a day</p> <p>School will be provided with an inhaler; Student will carry an inhaler; No inhaler needed at school. <i>Please check one above.</i></p> <p><i>All students with inhalers need an <u>Asthma Management Plan</u> completed by the healthcare provider and parent/guardian. Please request the form from your School Nurse.</i></p> |
| | <p>Diabetes Type 1 Type 2</p> <p><i>All students with diabetes need a <u>Diabetes Management Plan</u> completed by the healthcare provider and parent. Please request the form from your School Nurse.</i></p> |
| | Hearing Impairment or Complete Loss (describe) |
| | Heart Condition (describe): |
| | Muscle/Bone/Joint Problems (describe): |
| | Migraines (diagnosed by healthcare provider) |
| | Neurological Disorder (describe): |
| | Psychological/Emotional/Behavioral Issues (describe): |
| | <p>Seizure disorder (describe):</p> <p>How often do seizures occur?</p> <p>When was last seizure?</p> |
| | Other health problem that may affect the child at school (describe): |

_____ Parent/Guardian providing information.

Please notify the school of any changes in your child's health during the school year.