

4. IS CHILD ALLERGIC TO ANY OF THE FOLLOWING:

Foods _____ Reaction _____ Treatment _____
(Requires a physician statement to be sent to school)

Medications _____ Reaction _____ Treatment _____
Insects _____ Reaction _____ Treatment _____
Chemicals _____ Reaction _____ Treatment _____
Seasonal Allergies _____ Reaction _____ Treatment _____

If you would like for your child to be given the above listed treatment, complete and return the medication consent form.

5. Does student require any of the following: (please mark all that apply)

Glasses _____ Contact lenses _____ Hearing aid _____ Wheelchair _____ Crutches _____
Artificial limbs _____ Other (describe) _____

6. Health Problems: Please mark all that apply and describe the health problem(s) along with any medication or treatment needed.

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|---|--|
| _____ ADD/ADHD | _____ HEARING IMPAIRMENT |
| _____ ASTHMA/BREATHING PROBLEMS | _____ HEMOPHILIA/BLEEDING DISORDER |
| _____ BOWEL/INTESTINAL PROBLEMS | _____ HYPERTENSION/HIGH BLOOD PRESSURE |
| _____ CARDIAC/HEART PROBLEMS | _____ NEUROLOGICAL/BIRTH DEFECT |
| _____ CANCER/LEUKEMIA | _____ PHYSICAL IMPAIRMENT |
| _____ DENTAL PROBLEMS | _____ SICKLE CELL ANEMIA |
| _____ DIABETES/HYPOGLYCEMIA | _____ SKIN DISORDERS |
| _____ EPILEPSY/SEIZURES/CONVULSIONS | _____ STOMACH PROBLEMS/ULCERS |
| _____ HEADACHES - frequent requiring medication | _____ URINARY/KIDNEY/BLADDER PROBLEMS |
| _____ HEADACHES -MIGRAINE | _____ VISION PROBLEMS |
| _____ HEADACHES -SINUS | _____ OTHER (PLEASE LIST) |

Explanation of health problems marked above _____

7. Does student have any limitations that prevent him/her from participating in physical education or school sponsored activities? If so, please describe and send a physician statement regarding limitations.

8. Please describe any special health needs/services your child may require at school _____

9. Any additional comments _____

I give consent _____, do not give consent _____ for my child to receive basic first aid at school for minor injuries, insect bites or small accidents that occur. Injuries will be cleaned with soap and water. Hydrogen peroxide may be used if necessary.

Parent's signature _____ Date _____

I have read and understand the medication policy _____
Parent's signature _____ Date _____