



STUDENT HEALTH INFORMATION AND GUIDANCE FORM

(PLEASE COMPLETE ONE FORM PER STUDENT)

The following information will be held in confidence.

PLEASE PRINT

SCHOOL YEAR: _____

Student's Name _____

Birth Date: ____ / ____ / ____

Male Female Grade: _____

Significant Medical History (Illness, Injuries, Life-Threatening Condition, or Surgeries): _____

Environmental, food*, or medication allergies: _____

Educational, speech, or psychological services: _____

Events that may impact your child (divorce, death, illness in the family, new baby, recent move, etc.): _____

Special concerns, strengths, recommendations: _____

Medication(s) taken daily: _____

Prescription medication** to be given at school: _____

*Must complete Food Allergy Action Plan and HIPAA Consent Form which are available at school and online through RenWeb.

**Must complete Medication Administration Form prior to any prescription medication(s) being brought to school to be administered by select faculty/staff. This form is available at school and online through RenWeb. Medication(s) will need to be in the original pharmacy-labeled container with concise directions (name of medication, dosage and frequency).

Consent for health services

All students will receive basic first aid and emergency care. By signing this form, I consent to the school's Clinic services given to my student by select faculty/staff while at school. In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Physician's name _____ Office telephone # _____

Hospital of choice in an emergency _____

Parent/Guardian Signature _____ Date ____ / ____ / ____ EXPIRES ONE YEAR AFTER DATE SIGNED

If other health issues/concerns arise during the school year, please inform the school and update this form online.