

## Student Health Information 2019-2020

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Last First MI

Immunizations: A copy of current immunization record must be presented to enroll. Festus R-VI School District requires immunizations for: DPT, Polio, Measles, Mumps, Rubella (MMR), Hepatitis B, Varicella, Tdap, and MCV. School Age Children (K-12): Missouri State Law, Section 187.181, RSMo 19 CSR20-28.010 Immunization Rule requires school age children to be appropriately immunized or exempted in order to enroll in or attend school. Revised 1996.

Has a doctor diagnosed your child with:

Asthma\_\_ if medication is required at school please provide an emergency action plan to the school nurse from your physician      ODD\_\_ ADHD\_\_  
Diabetes\_\_ please provide a diabetes management plan to the school nurse from your physician      Bipolar\_\_ Autism\_\_ Depression\_\_ Seasonal Allergies\_\_  
Seizures\_\_ please provide an emergency action plan to the school nurse from your physician      Heart Condition\_\_ Anxiety\_\_ Migraines\_\_ Hearing impairment\_\_  
Food Allergy\_\_ If Epi-Pen required please provide an emergency action plan to the school nurse from your physician      Vision impairment\_\_ Other \_\_\_\_\_  
Sting Allergy\_\_ If Epi-Pen required please provide an emergency action plan to the school nurse from your physician      Migraine\_\_

If you checked yes for doctor diagnosed, please describe your child's condition, reaction and treatment for each. You may need to meet with the school nurse to discuss further and provide additional information \_\_\_\_\_

Please list any hospitalizations, surgeries (include dates):

\_\_\_\_\_

Does your child wear any of the following: Hearing Aid\_\_      Glasses\_\_      Contact Lenses\_\_

Please list all medications your child is currently taking. If medication must be given at school, please read below:

Medication Name	Dosage and How Often
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\_\_\_\_\_

\_\_\_\_\_

\*\*\*It is preferred that medications be given at home whenever possible. If a medication must be administered at school, they must be brought immediately to and kept in the nurse's office. Prescription medication must be in the original container with a current prescription label. All over the counter medication must be in the original bottle/box and only manufacturer's instructions will be followed. Please complete a medication authorization form for any medications being sent to school for administration. These can be found online or in the nurse's office. \*\*\*

The following over the counter medications may be given by school personnel if consent is given below

I **give** permission for Tylenol/Ibuprofen/Tums to be administered by school personnel

I **DO NOT** give permission for Tylenol/Ibuprofen/Tums to be administered by school personnel

May the Festus R-VI nursing staff contact your family doctor? Yes\_\_ No\_\_

If yes, please list doctor's name and phone number: \_\_\_\_\_

In accordance with the Board of Education policy, parents will be notified as soon as possible in case of serious illness or injury. Student will be given emergency care by school personnel as indicated in Section JHC of District Policy as approved by the Board of Education. Parents who do not wish their child cared for in accordance with the board policy should indicate this in writing to Assistant Superintendent, Nathan Holder: 1515 Mid-Meadow Lane, Festus, MO 63028.

**My signature below verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Emergency Contact Phone #

\_\_\_\_\_  
Date