***Return to School Nurse / Devolver a Enfermera(o) de la Escuela**

Student Emergency/Health Status Form

Student Name _____ Birth Date_____
(Last) (First) (Middle)

School_____ Grade_____ Teacher/Homeroom_____

Parent/Guardian 1: _____ Cell#_____ Work#_____

Parent/Guardian 2: _____ Cell#_____ Work#_____

Student lives with_____ Relationship_____

Parent/Guardian email address: _____

List two emergency contacts who can assume temporary care of your child if you cannot be reached.

1. Name_____ Relationship_____ Phone_____

2. Name_____ Relationship_____ Phone_____

Students Healthcare Provider/Practice_____ Phone_____

Child has: ☐ Medicaid ☐ Private Insurance/HMO ☐ No Insurance ☐ Other_____

Important Medical Information

Parents are responsible for providing accurate and updated medical information. If your student needs medication at school, a medication order form must be completed and signed by the parent or guardian and the student's healthcare provider.

PLEASE INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:

Medical Condition	Yes	No	Additional Details
ADD/ADHD	☐	☐	
Allergies (life threatening)-List:	☐	☐	Is an EpiPen needed at school? ☐ Yes ☐ No
Allergies (food)- List:	☐	☐	
Asthma	☐	☐	Is an inhaler needed at school? ☐ Yes ☐ No
Bleeding Disorder	☐	☐	
Concussion or head injury within the last year	☐	☐	Date of injury_____
Diabetes	☐	☐	☐ Type I ☐ Type II Diagnosis Date: _____
Hearing Problems / Hearing devices	☐	☐	
Heart Problems	☐	☐	
Orthopedic Problems	☐	☐	
Seizures	☐	☐	Date of last seizure: _____ Is Emergency medication needed at school? ☐ Yes ☐ No
Sickle Cell Disease	☐	☐	
Vision Problems (severe)/ Wears prescription glasses at school	☐	☐	Date of last eye exam: _____
Other:	☐	☐	
Other:	☐	☐	

Medications:

Does your child take any medications regularly? ☐ Yes ☐ No Medications:_____

Will your child need medication(s) at school? ☐ Yes ☐ No Medications:_____

In case of a medical emergency, I hereby authorize school personnel to call 911 or take other appropriate action.

_____ _____

Parent/Guardian's Signature Date

5/2023 rev