



BAUGO COMMUNITY SCHOOLS

Small School Feel~World Class Education

Student Medical/Health Information

Parents/Guardians,

The school nurse would like to know if your child has any diagnosed medical or health conditions that could affect him/her while at school or his/her health and safety.

Please make a check mark by those that apply.

Student Name: _____

Grade: _____

Medical Diagnosis

Allergies

Health Condition

- ADD/ADHD
- Bleeding Problem*
- Asthma*
- Epilepsy/Seizures*
- Diabetes*
- Heart Problem
- Digestive Problems
- Bee Sting Allergy*
- Scoliosis
- Other

- Animals
- Dairy Products*
- Nuts*
- Peanut Butter*
- to Medication
- Diet Specification
- Other

- Nosebleeds
- Migraines
- Requires Glasses
- Requires Contacts
- Low Blood Sugar
- Requires Hearing Aid
- Bee Sting Sensitivity
- Skin Disorder
- Surgery/Operations
- Other

***Please see the school nurse to complete an Individualized Health Plan**

Please explain any checked areas and let us know if there might be special considerations for your child while he/she is here at school.

Is student on medication for this/these conditions (s)? _____

If yes, please list medication and doses: _____

Will your child take this medication during school time? _____ if yes please obtain a Medication Authorization form from the school office.

Has this child had the chickenpox disease? YES NO If yes, when? _____

Parent/Guardian Signature: _____ **Phone:** _____ **Date:** _____

PLEASE NOTE

This information will be kept confidential and only shared with school staff member when it will benefit your child in terms of health maintenance and academic progress; and when necessary for the safety of your child and the safety and well-being of the student body and staff.

Thank you,

Baugo Community School Nurses

