



SALTILLO HIGH SCHOOL



Student Medical Form (Nurse's Form)

Grade: _____

Student Last Name _____

First Name _____

Middle Name _____

Circle one: Male or Female

DOB: _____

Student Cell Phone Number: _____

Mother/Guardian: _____

Father/Guardian: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer Phone: _____

Employer Phone: _____

List two people who will pick up your child if you cannot be reached:

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Other Children in household:

Name: _____

School: _____

Grade: _____

Name: _____

School: _____

Grade: _____

Name: _____

School: _____

Grade: _____

List any medications taken presently (including dosage and schedule):

1.) _____

2.) _____

3.) _____

4.) _____

List any medical or food allergies:

Please indicate if your child is medically covered by the following, including the policy name and number:

Yes _____ No _____ CHIPS _____

Yes _____ No _____ Medicaid # _____

Yes _____ No _____ Health Insurance _____

Please check yes or no to all that apply to your child:

Yes _____ No _____ Eye Problems Comment: _____

Yes _____ No _____ Wears Glasses When: _____

Yes _____ No _____ Hearing Problems or Devices: _____

IMPORTANT – The following medical information will be released to school officials who need information to protect the health or safety of students.

Check any health conditions that your child has a medical diagnoses for:

____ ADD/ADHD

____ Cystic Fibrosis

____ Hearing Loss

____ Sickle Cell

____ Allergies (severe)

____ Diabetes

____ Kidney Disease or UTI

____ Sinus Infections

____ Asthma

____ Ear Infections

____ Multiple Sclerosis

____ Other Conditions

____ Cerebral Palsy

____ Epilepsy

____ Muscular Dystrophy

Comments: _____

**** LCS D Polic^y: No over the counter medication will be g^{iv}en to an^y student. Refer to LCS Handbook.**

I hereby give consent for my child to have health screenings, first aid and any emergency intervention needed at school.

Parent/Guardian Signature: _____

Date: _____