

# PERKIOMEN VALLEY SCHOOL DISTRICT

## HEALTH/MEDICAL INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

MEDICAL INFORMATION: **Please check all that apply (provide explanations on back if needed):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADHD   | <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Bleeding Disorder  |
| <input type="checkbox"/> Cystic Fibrosis                                | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Emotional Problems |
| <input type="checkbox"/> Hearing Loss                                   | <input type="checkbox"/> History of Fainting    | <input type="checkbox"/> Heart Condition    |
| <input type="checkbox"/> Long QT Syndrome                               | <input type="checkbox"/> Orthopedic Condition   | <input type="checkbox"/> Seizures           |
| <input type="checkbox"/> Vision Problem                                 | <input type="checkbox"/> Wears Glasses/Contacts | <input type="checkbox"/> Seasonal Allergies |
| <input type="checkbox"/> Family History of sudden death (unknown cause) |   |   |

Insect allergy to: \_\_\_\_\_ Epi-Pen needed:  Yes  No

Food allergy to: \_\_\_\_\_ Epi-Pen needed:  Yes  No

Medication allergy to: \_\_\_\_\_ Epi-Pen needed:  Yes  No

Long-Term medications your child is taking: \_\_\_\_\_

Other health concerns: \_\_\_\_\_

This medical information may be shared with school staff:  Yes  No

***Please initial consent if your child may receive:***

- |   |   |
|---|---|
| <input type="checkbox"/> TUMS® (Grades 6-12 only)                   | <input type="checkbox"/> Throat Lozenges (Grades 6-12 only) |
| <input type="checkbox"/> Visine AC®                                 | <input type="checkbox"/> Caladryl Clear®                    |
| <input type="checkbox"/> Solarcaine Spray®                          | <input type="checkbox"/> Anbesol®                           |
| <input type="checkbox"/> First aid/antibiotic/burn creams (topical) |   |

**In case of emergency, when parents or emergency numbers cannot be reached, I give permission to school authorities to use their judgement in obtaining care for this student.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_