

HERSCHER SCHOOL DISTRICT 2

CONFIDENTIAL HEALTH QUESTIONNAIRE

In order to better serve your child's educational and health needs, the following information is requested to keep your child's health record current

Student's Name: _____ Grade: _____

- My child has NO medical problem that impacts the school day.
- My child requires no medication during the school day.
- My child wears glasses/contacts
- Parent/Guardian Signature: _____ Date: _____

OR

YES, My child has a current medical condition:

Allergy

- Food (list) _____
- Insect Stings _____
- Other _____

Typical allergic response is:

- Mild: may include rash, itching, stomachache- NOT life-threatening
- Moderate: Hives, no respiratory symptoms- NOT life-threatening
- SEVERE:** swelling of face, tongue or throat, difficulty breathing, loss of consciousness, respiratory arrest. This is life-threatening which requires medication, a 911 call and emergency care.

Treatment:

- No treatment is needed
- Epi-Pen is Required
- Other _____

- DIABETES** _____ Insulin dependent
- ASTHMA** _____ Inhaler prescribed _____
- SEIZURES** _____ Grand Mal _____ Petit Mal/absence _____ Other _____
_____ Medication currently prescribed: _____
- ADHD/ADD** Medication currently prescribed: _____
- OTHER HEALTH CONDITION:** _____
_____ Medication currently prescribed: _____

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. I understand that all necessary emergency medication, prescription medication, and all medication forms, signed by parent AND physician will be received by the school nurse on or before the first day of school.

Parent/Guardian Signature: _____ Date: _____