ALPINE SCHOOL DISTRICT
STUDENT HEALTH INFORMATION

Student's Name_____Birth Date_____Sex_____
Address_____City_____Grade_____
Home Phone_____Cell Phone_____Other Phone_____
Parent/Guardian: _____
Parent/Guardian email: _____
Student lives with: _____both parents _____Mother _____Father _____Other

MEDICAL HISTORY
Family Doctor_____Phone_____
Current Medical Diagnosis (if any)_____

YES	NO	HAS YOUR CHILD EVER HAD (**if yes, please describe**)
____	____	Any Serious Allergies (Please specify to what and how serious)?_____
____	____	Asthma or Breathing Problems (how serious)?_____
____	____	Orthopedic or Bone Problems? _____
____	____	Heart Disease or Murmur?_____
____	____	Kidney Disease? _____
____	____	Seizures (type and frequency)? _____
____	____	Diabetes (Insulin dependant? On an insulin pump?)_____
____	____	Serious or Chronic Disease (i.e. Leukemia, transplant)?_____
____	____	Has your child had the Chickenpox disease?_____
____	____	Serious Accident/Injury?_____
____	____	Vision Exam? Date_____By Whom_____ Results_____
_____	____	Other Health Concerns? _____
		_____

MEDICATION
Is student on special medication that may need to be administered during school?
Yes***(See below)____ No____ If yes, what type(s) and reason:
_____

***If *yes*, a student medication authorization form must be completed by parent and physician and returned to the school before any medication can be given. This includes all OTC (over the counter) and prescription medications (including inhalers, epinephrine injectors, and insulin). You can obtain the form from the office.

IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR K-6 STUDENTs TO CARRY ANY MEDICATION *with the* exception of inhalers, epinephrine injectors and insulin **with proper signed prescriber and parent authorization.**

With parent permission, 7-12 grade students may now carry and administer **one dose** of easily identified non-prescription, over-the-counter medication.

Signature of Parent/Guardian Date

PLEASE NOTE: The information requested is considered to be essential for planning a program each year that will meet the needs of your child. This information will be kept confidential and only persons working directly with your student (i.e. teachers, administrators, nurse) will have access to this information.