Park Hill School District

Confidential Student Health Form

If student has any of the following medical conditions, please complete the appropriate information:

Asthma (diagnosed by physician)	
Please rate severity of student's asthma (circle) MILD 1 2 3 4 5 6 7 8 9 10 SEVERE	
What triggers an asthma attack for student:	
Signs/symptoms of an asthma attack for student:	
Asthma medications:	Will student have medications at school? ☐ Yes ☐ No

- **Parent/Guardian is expected to provide needed supplies: prescription labeled rescue inhaler or nebulizer medication, with spacer, tubing and mask/mouthpiece; signed Medication Authorization Form(s).**
- **If your student will self-carry an inhaler, please contact school nurse for proper paperwork and procedure.**
- **If student has an Asthma Action Plan from a physician, please provide a copy to the school nurse.**

Allergies (diagnosed by physician)		
Food Allergies:	Medication Allergies:	Insect Allergies:
Environmental:	Other:	
Reaction: ☐ Rash/Hives ☐ Breathing difficulty ☐ Swelling of lips/tongue, throat Other:		
Is your student's allergy considered life-threatening? ☐ YES ☐ NO		
Treatment used for allergic reaction: ☐ Benadryl ☐ Epinephrine/Epi Pen		

****If student has an allergy which may be life threatening, you MUST provide non-expired injectable epinephrine with a prescription label attached and a Food Allergy Action Plan signed by student's health care provider****

- **If student will self carry epinephrine/EpiPen, please contact school nurse for paperwork and procedure.**
- **If student needs a special meal plan, please contact school nurse for paperwork and procedure.**

Diabetes	
What type of Diabetes does student have? ☐ Type 1 ☐ Type 2	Type of insulin used?
Type of therapy: ☐ Insulin pump ☐ Insulin injections ☐ Controlled by diet	
Carb ratio for food: 1 unit of insulin for ________ grams of carbs	Correction factor for hyperglycemia: 1:________
Will your student have glucagon at school? ☐ Yes ☐ No	Does your student need help with testing? ☐ Yes ☐ No

- **Parent/Guardian is expected to provide supplies needed supplies: glucose meter, glucose strips, insulin pump (if applicable), ketone strips, glucose tabs, snacks, insulin, syringes & lancets.**
- **Parent must provide appropriate documentation from student's physician including all orders needed for student's care at school.**
- **Please contact student's school nurse to collaborate in creating an Individual Health Plan for the school year.**

Seizure Disorder	
What type of seizures does student have?:	
What triggers a seizure for student?:	
How often does student have seizures?:	How long do student's seizures usually last?:
When was student's last seizure?:	Does student know when going to have seizure?:
Seizure medications:	Will student have medication(s) at school?: ☐ Yes ☐ No

- **Parent/Guardian is expected to provide required medications (diazepam, etc.) for student's seizure disorder to the school health room, with signed Medication Authorization Form(s).**
- **If student has a seizure plan from a physician, please provide a copy to the school nurse.**

Parent/Guardian Consent:

I understand while my student's medical information is considered confidential, it is in the best interest and safety of my student for the nurse to share specific information regarding medical conditions with other school personnel.

Signature of Parent/Guardian: ______________________ Relationship to student: ______________ Date: ______________

To be updated annually