

HEALTH RECORD INFORMATION

EDGERTON SCHOOL DISTRICT 581

STUDENT _____ DATE OF BIRTH _____ GRADE _____

ADDRESS _____ HOME PHONE _____

FATHER'S NAME _____ PHONE _____ MOTHER'S NAME _____ PHONE _____

STUDENT HEALTH INFORMATION: A reminder that all health information is to be obtained through parents only. It is unlawful for us to obtain any health information from a physician/provider without your consent. Please share information that will help us keep your child safe while at school.

WEARS GLASSES: YES ___ NO ___ COMMENTS: _____

WEARS CONTACT LENSES: YES ___ NO ___ COMMENTS: _____

HEARING ISSUES: TUBES IN EARS? NOW ___ IN PAST ___ PRONE TO EAR INFECTIONS? NOW ___ IN PAST ___

ANY KNOWN HEARING ISSUES? _____

ANY BROKEN BONES/FRACTURES? _____

ANY SURGERIES? _____

EPILEPSY? (SEIZURES) _____ TYPE _____ WELL CONTROLLED? _____

DIABETES? _____ YEAR OF ONSET _____ WELL CONTROLLED? _____ (I will contact you if your child is a diabetic.)

OTHER HEALTH CONCERNS? (Suh as heart valves, shunts plates, ADHD, learning issues, attention issues, bowel issues...) _____

ALLERGIES? (please be specific) MEDICATION(S) _____ INSECT BITE _____

FOOD(S) _____

TYPE OF REACTIONS _____ TAKING ALLERGY SHOTS? _____

DOES YOUR CHILD CARRY AN EPI-PEN? _____

ASTHMA? _____ TRIGGERS: _____ WELL CONTROLLED? _____

DOES YOUR CHILD CARRY AN INHALER? _____ WHAT MEDICINE IS USED? _____

MEDICATIONS (taken regularly): EVEN IF NOT TAKEN AT SCHOOL, IT IS IMPORTANT FOR THE NURSE TO KNOW AS MEDICATION CAN AFFECT TREATMENT IF A CHILD BECOMES ILL.

1. MEDICATION _____
DOSAGE _____ FREQUENCY _____
REASON FOR TAKING: _____

2. MEDICATION _____
DOSAGE _____ FREQUENCY _____
REASON FOR TAKING: _____

ARE THERE ANY OTHER CONCERNS YOU WOULD LIKE THE NURSE TO BE AWARE OF?

INFORMED CONSENT: By its nature, participation in interscholastic athletics includes risk of injury and the transmission of infectious diseases such as HIV and Hepatitis B. Although serious injuries are not common and the risk of disease transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems and follow directions from teachers/coaches. Please notify a supervisor of any equipment malfunction that might cause harm/injury.

THANK YOU FOR SHARING THIS INFORMATION. WE CARE ABOUT YOUR CHILD'S HEALTH AND WELL-BEING. PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS OR CONCERNS.

DENISE NEREM, RN, BAN, PHN

EDGERTON SCHOOL DISTRICT NURSE 581

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