

## HEALTH INFORMATION FORM – CREEDE SCHOOL DISTRICT

### STUDENT INFORMATION

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female

*By Colorado State Law, immunization records must be presented at registration.*

### STUDENT HEALTH INFORMATION

**Medication:** List ALL – (e.g., prescription, over-the-counter)

\_\_\_\_\_

**Will medication be needed at school:** Yes / No **If yes, list medication** \_\_\_\_\_

All medications administered at school need a [provider order](#).

**Life Threatening Allergies:**  Bees/Insects  Latex  Food \_\_\_\_\_  Nuts \_\_\_\_\_

Other \_\_\_\_\_

What medication does student require for treatment of this allergy?  EpiPen  Benadryl  Other \_\_\_\_\_

**Health Concerns:**  ADD/ADHD  Seasonal allergies  Diabetes  Head Injury  
 Seizures/Neurological  Migraines  Heart Disorder  Blood Disorder  Bladder Problems  
 Muscle/Bone/Joint  Stomach/Intestinal/Bowel  Skin rashes  Hearing  
 Wears Glasses/Contacts  Asthma  needs inhaler at school  last time used inhaler \_\_\_\_\_

Asthma triggers \_\_\_\_\_

Other Health Concerns \_\_\_\_\_

**\*\*If you checked any of the above health concerns, please list any medications, treatments, therapies, activity restrictions, and/or medical equipment that will be needed in school:**

\_\_\_\_\_

**\*\*Have there been any significant changes in your child's health over the last year? Explain:** \_\_\_\_\_

\_\_\_\_\_

**Illnesses/Hospitalizations/Accidents/Injuries:** Please list with approximate dates \_\_\_\_\_

\_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Parents/Guardians are expected to transport student home or to the doctor/hospital when ill. In case of serious illness or injury, all emergency numbers provided to CSD will be called. If parent/guardian/emergency contacts cannot be reached, school personnel will immediately call 911 and request emergency health personnel to arrange for transporting the student to an emergency facility.

If medication is to be taken at school, a completed Permission for Medication Form must be on file in the Health Office before it can be given. This includes all prescription medications, as well as over-the-counter and herbal remedies. All medications **MUST** be kept in the Health Office. Exceptions may be granted on a case-by-case basis with approval only, please contact the school nurse for more information.

CSD nurse accesses the Colorado Immunization Information System (CIIS), a confidential web-based system that collects and consolidates immunization information for disease control purposes. The CSD health office uses CIIS as a tool to ensure that your child has the proper immunizations required for school. This includes entering immunization data that the school has on file in a student's health record which may not be listed on CIIS. If you ***do not*** want your child's immunization data to be entered on CIIS, you may choose to opt out by notifying the school nurse in writing at the beginning of the school year.

***I have read and understand the above information, and can get more information about CSD health policies in the Student Handbook, on the school website, or by contacting the school nurse. I give permission for the health information contained on this Health Information Card, to be shared with adults in the school setting that will be working with my child, on a need to know basis. It is the responsibility of the parent/guardian to notify the school nurse whenever there is any change in the student's health status or care.***

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