

School District of Monticello
Health Information Form
School Year 2015/2016

This information is needed to prepare for an emergency situation if one should arise at school. Please promptly notify the school of any changes in your child's health so that we may keep our health information regarding your child up-to-date.

Student _____ Grade: _____ Date of birth _____

Medical History	Yes/No	If yes, please explain.
Life threatening or severe allergy (bee sting, food, etc.)		
Other allergies (specify)		
Frequent ear aches/infections		
Asthma/uses an inhaler		
Diabetes		
Heart condition		
Seizures		
Emotional health concerns (anxiety, depression)		
Hearing or vision concerns		
Frequent headaches or migraines		
Skin conditions		
ADD/ADHD		
Bowel/bladder concerns		

Medication		Please list medications.
Is medication needed at school?		
Is medication taken at home?		

Is there any other health information the school needs to know?

I give consent for the School District of Monticello to use the following medications for my child:

Antibiotic ointment _____ yes _____ no
 Hydrocortisone ointment _____ yes _____ no

Health History Informed Consent

The disclosure of student health information with school staff is limited to the information necessary to serve the student's health, safety, and educational interest.

<input type="checkbox"/>	Yes, I give consent to share health history information with school staff.
<input type="checkbox"/>	No, I do not want health history information shared with school staff.

Parent signature _____ Date _____