

Health Information Record

Student Name _____ Birth Date ____/____/____ Grade _____

Student's doctor/healthcare provider: _____ Insurance provider: _____

Health Condition	Yes	No	Explanation if "yes"
Medication Allergies			Name of Medication: Type of Reaction:
Food Allergies			Foods allergic to: Type of reaction & how treated: Child have an Epi Pen? Yes ___ No ___
Bee Sting Allergy			Type of reaction and how treated Child have an Epi Pen? Yes ___ No ___
Allergies (other)			List:
Asthma			Asthma medication taken at home: Medication required at school:
Diabetes Medication for this taken at home			Type 1 (Insulin Dependent) ___ Type 2 ___
Seizure Disorder			Type of Seizure: Medication:
Neurological Disorder			Specify:
Heart Condition			Specify:
Blood Disorder			Specify:
Cancer			Specify:
Bowel/Bladder			Specify:
Migraine Headaches			Specify:
Bone/Muscle Problems			Specify:
ADD/ADHD			Medication for ADD/ADHD:
Mental Health Behavioral Problems			Specify: Treatment/medication:
Vision Problems			Glasses ___ Contacts ___ Why do they wear them _____ Last eye exam date _____
Hearing Problems			Hearing Loss:
Serious injury, illness or surgery			Specify with date this occurred:
Medication taken at home			List medication taken at home and reason for prescription:

I give permission to share this health information with school personnel who work with my child.

#1. _____
Parent/Guardian Signature

Date

EMERGENCY TREATMENT CARD

If impossible to contact parent/guardian, or emergency contacts, I give permission and consent to Woodstock Community Unit School District 200, its employees and agents, to call the rescue squad, arrange for immediate medical treatment by a licensed physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgement they deem appropriate to treat any injury sustained by my child. I further authorize Woodstock Community Unit School District 200, by and through its employees and agents; to administer such emergency medical treatment as is necessary for the health and welfare of my child.

I do hereby agree to hold harmless and indemnify Woodstock Community Unit School District 200, its employees and agents, either jointly or severally from all claims, demands, damages or causes of action or injuries, including reasonable attorney's fees and costs in the defense thereof, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

#2. _____
Parent/Guardian Signature

Date

*****PLEASE SIGN BOTH AREAS*****