

Student Health & Medical Concerns Sheet 2026-2027

Welcome to a new school year. To make sure your child receives the best medical care possible during the school year, we must be aware of all medical conditions and can reach you in case of an emergency. Please complete the form below. All **NEW STUDENTS** must have a recent physical and dental record on file and **ALL STUDENTS** must be up to date with immunizations by the first day of school.

Student's Name: _____ Male _____ Female _____

Date of Birth: _____ Grade: _____ Teacher: _____

Parent Contact #1: Name: _____ Relationship to Student: _____ Phone #: _____

Parent Contact #2: Name: _____ Relationship to Student: _____ Phone #: _____

Alternate Contact #3 Name: _____ Relationship to Student: _____ Phone #: _____

1. Does your child have any **medical, behavioral or social conditions**? If so, please list.

2. Does your child take **any medications**? If so, please list. (**Attach Med-1 Form if needed at school**)

3. Does your child have any **food, insects, or environmental allergies**? Please identify the allergy, what reactions occur, and the necessary treatment. _____

4. Does your child require **accommodation for gym class**? (Attach the MEH-23 paperwork from health care provider).

5. Does your child have an **IEP or 504 Plan** and if yes what services are provided?

6. Does your child wear **eyeglasses or contact lenses**? _____ Yes _____ No

7. Do you need assistance getting **health insurance** for your child? _____ Yes _____ No

8. Is there a need for you or your child to have a **conference with the school nurse**? _____ Yes _____ No

9. **Please check (✓) the following oral/topical medications we have your permission to administer:**

____ Tylenol/Acetaminophen ____ Motrin/Ibuprofen ____ Benadryl (*for serious allergic reactions only*)

____ Benadryl Cream ____ Caladryl ____ Calamine Lotion ____ Neosporin ____ Anbesol/Orajel

____ Hydrocortisone Cream 1% ____ Visine drops ____ Chloraseptic Spray ____ Throat Lozenges (*grades 4-12 only*)

I AUTHORIZE THE SCHOOL NURSE TO SHARE THIS INFORMATION WITH SCHOOL STAFF AS NECESSARY.

PRINT Parent/Guardian SIGNATURE Parent/Legal Guardian

DATE