

Algona Community School (K-4) Student Health Information/Update

Please complete the whole form and then return to the school nurse.

Name: _____ Gender: _____ Grade: _____

1. If your child requires emergency assistance, the school will use the 9-1-1 system to transport your child to the local emergency room. Do you authorize medical treatment and accept financial responsibility?
___ Yes ___ No

2. The school nurses do school screenings in the fall season as age appropriate for each grade level. All students are included in this screening unless parents note otherwise. Do you approve of your child participating in the school screenings and receiving the indicated follow up referrals? ___ Yes ___ No

3. Does your child have health insurance ___ Yes ___ No
If No, would you like information on reduced fee insurance? ___ Yes ___ No

4. **Glasses:** Does your child have glasses/contacts? ___ Yes ___ No
Are they to wear them at all times in school? ___ Yes ___ No **Please make sure that your child has them daily.*
Has your child seen an eye doctor in the last year ___ Yes ___ No
**Kindergarten and 3rd Graders must submit a Certificate of Vision Screening*

5. **Teeth:** Has your child seen a dentist in the last year? ___ Yes ___ No **Kindergarten and 9th graders must submit a Certificate of Dental Screening. Please get this form from the school nurse or from your dentist.*

6. **Medicines:**

Medications taken at the school must be in the original container with the child's name and the correct label on it. A parent authorization form must be completed and on file. Parental consent must be signed for your child to receive Tylenol at school. *There is a 10 dose of Tylenol limit. If student needs Tylenol more than 10 times/year the student will have to supply their own.*

Please list Medication(s) – include dose and time given

Medicine: _____	Dose: _____	Time: _____	Reason: _____
Medicine: _____	Dose: _____	Time: _____	Reason: _____
Medicine: _____	Dose: _____	Time: _____	Reason: _____
Medicine: _____	Dose: _____	Time: _____	Reason: _____
Medicine: _____	Dose: _____	Time: _____	Reason: _____

For grades K-4 please check if parent/guardian gives permission for school to administer age appropriate Tylenol to student ___ Yes

7. **Medical Concerns:**

___ Asthma _____	___ Seizure Disorders _____
___ Diabetes _____	___ Heart Disorders _____
___ Bleeding Disorders _____	___ Bone/Muscle Disorders _____
___ Depression _____	___ Other Diagnosis _____
___ Behavior Concerns _____	___ Allergies (Food/Medicine) _____

8. Do you give the school nurse permission to text you with non-emergency information? ___ Yes ___ No
Cell Number (____) _____ - _____

Parent Signature: _____ Date: _____