

508.04E1 Student Health Information Form

Friday, August 11, 2023

STUDENT HEALTH INFORMATION

STUDENT NAME: _____

GRADE: _____

AGE: _____

If student is on any routine medications please list:

_____ Do we need to give it at school?

ALLERGIES:

ANY CHRONIC HEALTH PROBLEMS SUCH AS EYESIGHT, HEARING, ASTHMA,
DIABETES, ETC:

NAME and PHONE # TO CONTACT IN EMERGENCY, IF PARENT CANNOT BE REACHED:

I hereby grant permission for Banner County School Personnel to dispense non-prescription medication when deemed necessary for the well-being of above named child. I grant permission for information regarding allergies, asthma, etc., to be given to teachers. I grant permission in the event that an illness or accident might occur when a parent is not available, for the school to secure medical attention. Any exceptions to this permission? _____

PARENT'S or GUARDIAN'S SIGNATURE

THANK YOU FOR YOUR HELP! Marie Parker, RN School Nurse