

Estherville Lincoln Central Community Schools

Health Information

Name of Student _____ Birth Date _____ Grade _____

Has your student been diagnosed by a physician for (please circle yes or no):

yes	no	Asthma or bronchospasms	yes	no	ADD/ADHD/behavioral problems
yes	no	Diabetes	yes	no	Seizures/epilepsy
yes	no	Heart problems	yes	no	Migraine headaches
yes	no	Blood pressure problems	yes	no	Depression/Anxiety
yes	no	Kidney/urinary problems	yes	no	Stomach/bowel problems
yes	no	Hearing problems	yes	no	Speech problems
yes	no	Vision/glasses/contacts	yes	no	Skin condition
yes	no	Allergies; reaction(s)			

Comments to any "Yes" items from above or other necessary information _____

Medication:	Dose/Frequency:	Condition taken for:	Date of last physical

			Date of last vision exam _____
			Date of last dental exam _____
			Name of Doctor/phone _____
			Name of Dentist/phone _____
			Other _____

Has your student had any surgery, serious illness or injury, or health or emotional concerns?

Does your child have: Private insurance _____ Medicaid _____ No Insurance _____ Other _____

Name of insurance / policy number: _____

If you DO NOT doctor in Estherville, may an Estherville doctor be called, especially in case of emergency? YES NO

In case of emergency an ambulance will be called at your expense.

I give my permission to the school to share information relevant to my child's health condition with appropriate school personnel and AEA staff when needed to meet my child's health and safety needs. I give my permission to medical professionals to exchange information for the purposes of referral, diagnosis, and treatment with the Estherville Lincoln Central School Nurse. I give specific permission to my care provider to share any pertinent health information in my child's health record regarding: immunizations, administration of medications, and/or educationally significant health information that may affect my child's learning and/or safety at school. I give my permission to the school to give my child First Aid. If deemed necessary, staff also has permission to use sunblock and/or bug spray for my child.

I understand a school representative may call 911 in case of emergencies.

Please list contact numbers for yourself and others, in case we are unable to reach you:

Name: _____ Phone# _____	Name: _____ Phone# _____
Name: _____ Phone# _____	Name: _____ Phone# _____
Name: _____ Phone# _____	Name: _____ Phone# _____

Signature of parent/guardian _____

Date _____