

**Christ the King Catholic School
2018-2019 School Health Form**

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you with the need for further information. This information will be kept confidential but is needed to meet the health needs of your child.

To help us keep your child's records current please update any information in your PlusPortal Account as needed.

Student Name _____ **Nickname** _____

Birth date _____ **Age** ____ **Weight** _____ **Sex** Male Female **Grade** ____

Address _____

Contact Information:

Primary Contact _____

Home Phone # _____ **Cell Phone #** _____

Work Phone # _____ **Email** _____

Secondary Contact _____

Home Phone # _____ **Cell Phone #** _____

Work Phone # _____ **Email** _____

In case of emergency and the above contacts are not available please notify:

- | | | |
|----------------------|---------------------------|----------------------|
| 1. Name _____ | Relationship _____ | Phone # _____ |
| 2. Name _____ | Relationship _____ | Phone # _____ |
| 3. Name _____ | Relationship _____ | Phone # _____ |
| 4. Name _____ | Relationship _____ | Phone # _____ |

Physician Name _____ **Phone #** _____

Preferred Hospital _____

Insurance information for child:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Private insurance | <input type="checkbox"/> ALLKIDS |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> No Insurance |

Part II Medical History

***Check only those that apply and return to school nurse
*Please see Nurse for any Medications to be given at school**

- No known health problems**
- ADD (Attention Deficit Disorder)**
- ADHD (Attention Deficit Hyperactivity Disorder)**
- Aspergers Syndrome**
- Autisim**
- Medication** _____
- To be given at school * See school nurse***

- Asthma**
 - Uses inhaler at home**
 - Uses inhaler at school**

- Allergies (SEVERE)**
- Food** _____
- Insects** _____
- Environmental** _____
- Medication** _____
- Latex**

- Hives / rash**
- Breathing Difficulty**
- Epi Pen**
- Benadryl**
- Other medications**

- Bleeding problems (Hemophilia, Von Willebrands, frequent nose bleeds)**
- Requires medication**

- Cancer/Leukemia: specify** _____
- Cerebral Palsy:** _____
- Cystic Fibrosis:** _____
- Dental problems:** _____

- Diabetic**
 - Diabetes Type I**
 - Diabetes Type II**
 - Monitors blood glucose at school**
 - Insulin at school**
 - Glucagon at school**
 - Insulin pump**
 - Diet controlled**

- Emotional/ Behavioral/ Psychological: (Specify)** _____
- Genetic Disorder: (Specify)** _____
- Headaches: (Specify)** _____
- Hearing Problems**
 - Right ear**
 - Left ear**
 - Both ears**
 - Hearing loss**
 - Hearing aide**
 - Cochlear implant**

