

**SOUTH HAMILTON SCHOOLS
INFORMATION FOR HEALTH OFFICE – 2021-2022**

Name of student _____ Grade _____

NOTE: FOR PS, PK, KINDERGARTEN, NEW STUDENTS, OR TO UPDATE INFO FROM LAST YEAR, PLEASE

Condition:	Accompanying Information or Comment:
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Allergies(type & reaction)	_____
<input type="checkbox"/> Seizures	_____
<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Visual problems	_____
<input type="checkbox"/> Hearing problems	_____
<input type="checkbox"/> Frequent infections	_____
<input type="checkbox"/> ADHD	_____
<input type="checkbox"/> Depression or anxiety	_____
<input type="checkbox"/> Encopresis	_____

Any health or physical problem that would restrict involvement in P.E.? _____

Any medications required on a regular basis? _____
List medications: _____

Any other health concerns (physical, psychological, social) you think would be helpful for me to be aware of? _____

Is this child insured? _____ Private ins. _____ HAWK-I _____ TITLE XIX _____

YES NO "I give permission for the above information to be shared with other South Hamilton staff members who have contact with my child if deemed appropriate by the school nurse for the enhancement of my child's health and success."

Parent/Guardian signature _____ Date _____

Thank you! Shelby Fonken, South Hamilton School Nurse