Guthrie Public Schools STUDENT HEALTH INFORMATION

Information on this form is to be filled		HEALTH INFOR		o your school as soon as possible.
Student:				
Parent/Guardian:				
□ My child has NO heal	th conditions/c	oncerns		
SPECIAL HEALTH C	ARE PLANNING	3		
If you checked a box for Special F	lealth Care Planning, att	ach corresponding form to your	enrollment or email form	to district nurse.
Diabetes – Date of diagnosis: My child has: \Box insulin pump \Box insulin pen				
□ Seizure Disorder – My c Name of medication:		•		
Special Health Care Pla catheter, or other. Please d				
LIFE-THREATENING	G CONDITIONS			
If you checked a box for Life-Thre	atening Conditions, attac	h corresponding form to your e	nrollment or email form t	o district nurse.
🗆 Allergy/Anaphylaxis - S	Severe, with Epi-Pe	n/Auvi-Q prescription (fo	or example: food, ins	sect stings)
Allergen(s):				
□ Asthma - Severe (please	answer the followin	g questions):		
Yes \Box No \Box Does your child use a rescue inhaler routinely for asthma symptoms?				
Yes \Box No \Box Has your child been hospitalized for asthma in the past year?				
Yes \Box No \Box Has your child used oral steroids for asthma symptoms in the past year?				
Bleeding Disorder:				
If asthma or allergy is it	mild or moderate, us	se box in 'Health Conditio	ns' below	
ALERT TO PARENTS/GUA asthma, allergy with anaphyla Contact your School to begin t	xis, hemophilia) <u>pri</u>	<u>or to the start of school</u> , a	s these may require	
HEALTH CONDITIO	NS			
Check any of these conditions	which your child ha	s:		
\Box ADD/ADHD	\Box Blood Disorder	□ Depression/Anxiety	□ Orthopedic/Bo	ne
\Box Allergies mild or moderate	□ Bowel/Bladder	\Box Heart Problems	\Box Vision Concerns	3
\Box Asthma mild or moderate	\Box Cancer	\Box Hearing Loss	\Box Other	

If you have checked any of the above health conditions, **please explain**: