

## STUDENT HEALTH INFORMATION

Is the student covered under any medical insurance? Yes \_\_\_ No \_\_\_

If covered by medical insurance, please list name of company \_\_\_\_\_

Does student have problems with the following: Hearing \_\_\_ Vision \_\_\_ Seizures \_\_\_ Asthma \_\_\_

Diabetes \_\_\_

Bee Sting Reactions: Swelling \_\_\_ Breathing Problem \_\_\_ Other \_\_\_

Is medication required? Yes \_\_\_ No \_\_\_ If yes what type: Injection Kit \_\_\_

Injection by physician \_\_\_ Oral \_\_\_

Allergies (Please indicate what the student is allergic to) \_\_\_\_\_

Any daily medications? Yes \_\_\_ No \_\_\_ If yes, name of medication \_\_\_\_\_

Is student allergic to any medications? Yes \_\_\_ No \_\_\_ If yes what \_\_\_\_\_

Any other medical issues? \_\_\_\_\_

Emergency room personnel to treat student? Yes \_\_\_ No \_\_\_

Transport student in school employee's car? Yes \_\_\_ No \_\_\_

Transport student by ambulance? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Dentist Name

\_\_\_\_\_  
Phone

## PERMISSIONS

I give permission for my student to participate in school organized and supervised field trips. Yes \_\_\_ No \_\_\_

I give permission for my student to view movies, Rated G. Yes \_\_\_ No \_\_\_

I give permission for my student to view movies, Rated PG. Yes \_\_\_ No \_\_\_

I give permission for my students name and picture to be in the newspaper. Yes \_\_\_ No \_\_\_

## LEGAL

Are there any restraining orders/court orders to protect student: Yes \_\_\_ No \_\_\_ If yes, school **must** have a copy for school records.

Do any of the following apply to student: Foster Placement \_\_\_ Protective Custody \_\_\_

\*Non-Custodial Parents Statement: Oregon law requires that progress and behavioral records which relate to this student will be shared with non-custodial parents upon their request, unless the school is presented with a court order to the contrary.\*

## DIRECTORY INFORMATION

Permission to release parent name and number to staff and/or parent club. Yes \_\_\_ No \_\_\_

Would you like to be listed in school directory? Yes \_\_\_ No \_\_\_