Power Technical (PTEC)

a James Irwin Charter School

Annual Health Information Form

This confidential information will be shared with school staff on a need-to-know basis

Student Name: _____Grade: ____ School: _____

ADD/ADHD ☐	Diabetes ☐	Head injury/concussion ☐	Migraines/headaches ☐
Allergies ☐	Bowel/bladder ☐	Hearing loss ☐	Seizure disorder ☐
Asthma ☐	Bone/joint ☐	Mental Health Concerns ☐	Stomach issues ☐
Autism ☐	Developmental delay ☐	Other:	

Date of Birth: _____ Preferred Hospital:_____

Please check all CURRENT health conditions of your student:

Please describe the above conditions in greater detail. List any surgeries or hospitalizations, including mental health hospitalizations (month/year):

List any other medical conditions which may impact your student's learning at school, including dietary or physical restrictions:

Does your student currently take any routine medications? **Yes** ☐ **No** ☐ If Yes, list the medications your student takes:

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Medication/Dose/Time:_____
_____

Medication/Dose/Time:_____
_____

Will your student be taking any medications at school? **Yes** ☐ **No** ☐

Please note: *A physician order is required for **all** medications to be administered at school (including over the counter medications). Students are not permitted to self-carry medication without a physician's order, parent and school nurse approval.* Please contact school health office for more information at:

Does your student have a **significant life threatening allergy**? **Yes** ☐ **No** ☐
If Yes, list the specific allergy, reaction/symptoms and date (month/year) of last reaction:
_____ Will you be providing the school with rescue medication, such as Epinephrine, for the significant allergy? **Yes** ☐ **No** ☐ If rescue medication is NOT provided, 911 will be called if an emergency arises.

Does your student wear glasses/contacts? **Yes** ☐ **No** ☐ Vision

Diagnosis:_____ Date of last vision exam by an eye doctor/eye specialist:

Does your child have Medicaid? ***Yes*** ☐ ***No*** ☐

If your student does NOT have health insurance, please call Falcon Peak Health Center: 719-344-6247 for more information

Emergency Care Parent Permission: In case of serious illness or injury, first aid will be rendered in accordance with school policies. If ambulance service is necessary, the parent/guardian must assume financial responsibility.

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If parent/guardian cannot be reached in the event of such an emergency, your student will be sent to the preferred hospital listed above, or to the medical facility determined by Emergency Medical Service (EMS).

Student's Physician and phone number:

I (parent/guardian), give the school permission to contact my student's doctor to obtain immunization records.

Yes ☐

No ☐

Parent/Guardian Name: _____

Emergency Contact: _____ **Emergency Contact Phone**: _____

Parent/Guardian Signature:_____ **Date:** _____

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