

UINTAH SCHOOL DISTRICT STUDENT HEALTH INFORMATION

Student Name _____ Date of Birth _____

Mailing Address _____ Phone Number _____

School _____ Grade _____

Check all that apply:

- My child has no medical concerns
- My child has an allergy or allergies (that **requires** medication at school)
- My child has diabetes
- My child has asthma that **requires** medication at school
- My child has an abnormal heart condition
- My child has food allergies that requires special accommodations per physician
- My child has other: (seizure, hearing, vision, etc.)
- My child takes medication at school**

If you checked any of the above or have other health related conditions that require care please describe:

** Medication – Before any medication can be given during school hours, a “Request for Administration of Medication in Schools” form must be filled out **each year** and signed by both parent/guardian and the attending physician. Return the completed form with medication in the original prescription bottle to the office. This includes self-administered medications such as epi-pens and inhalers. Health care plans also must be updated yearly (unless changes occur sooner). Please contact your school nurse if you require or have questions about health care plans. (Ask the school secretary/registrar for the necessary form or go online to www.uintah.net, under forms).

VISION SCREENING

I grant permission for my child to receive periodical vision screening. My child may be screened using a vision chart or the SureSight Vision Screener.

- YES
- NO

My child wears glasses: Yes No

I understand that the results of the vision screening and necessary additional information about my child that may be in his/her school records may be shared with other educators and health care professionals working with the schools to provide appropriate follow-up services for my child.

Parent/Guardian signature _____

Date _____

If your child has a health concern that needs to be addressed by the school it is your responsibility to inform the school nurse.

School Nurses: Shanna Wheeler, RN, Meredith Manwaring, RN, Pat Bingham, LPN (Phone: 781-3100).