

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 at this time that require any accommodations from the school
- My child has an allergy to: _____ They will have ___Epi-Pen ___Benadryl ___No medication at school
- My child has diabetes ___Uses Insulin ___Has Glucagon
- My child has asthma ___Will require an inhaler at school
- My child has an abnormal heart condition ___No Accommodations at this time ___Will require accommodations
- My child has food allergies to _____
They will have ___Epi-Pen ___Benadryl ___Special Meal accommodation form at the school (Signed by physician)
- My child will require medication at school** **Please List** _____

Any other health related conditions that require care?

If accommodations are needed please contact the school nurse and your students teacher.

I understand that in signing this form I am giving my permission for school district employees, involved in my child's education, to have access to this information. This may include: administration, teachers, cafeteria staff, bus drivers or substitute teachers.

**** 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).

Parent/Guardian signature _____ Date _____

School Nurses: Jaimie Anderson, RN, Meredith Manwaring, RN, and Ashley Harrison, RN (Phone: 781-3125)

IF YOUR CHILD HAS A HEALTH CONCERN THAT NEEDS TO BE ADDRESSED BY THE SCHOOL IT IS YOUR RESPONSIBILITY TO INFORM THE SCHOOL NURSE.