COLE•R1 SCHOOL DISTRICT

Cole County R-1 Elementary School
13111 Park Street
Cole County R-1 Jr/Sr High School
13600 Rt. C
Russellville, MO 65074

Student Health Information

STUDENT INFORMATION		
Your child's learning depends upon good health. Please complete the following information to assist in providing health services at school. This form **MUST** be completed each year to ensure the district has the most recent information.		
STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME
CURRENT GRADE	STUDENT DATE OF BIRTH (MM/DD/YYYY)	GENDER ☐ Female ☐ Male
TEACHER'S NAME (LEAVE BLANK IF NEW STUDENT ENROLLMENT)		
PARENT/GUARDIAN		HOME PHONE
FATHER'S EMPLOYER		MOTHER'S EMPLOYER
FATHER'S WORK PHONE		MOTHER'S WORK PHONE
FATHER'S CELL PHONE		MOTHER'S CELL PHONE

EMERGENCY CONTACT INFORMATION – Other than Parents		
NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER
NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER

MEDICAL INFORMATION	
DOCTOR'S NAME	PHONE NUMBER
DENTIST'S NAME	PHONE NUMBER
Hospital Preference	☐ Capital Region Medical Center ☐ St. Mary's Hospital

Does your child have any of the following:

Allergies (food, drug, latex)	☐ Yes ☐ No	Please List: Has the allergy required emergency action in the past? ☐ Yes ☐ No Comments:
Bee Sting Allergy	☐ Yes ☐ No	Describe Reaction: Any difficulty breathing? ☐ Yes ☐ No Need Emergency Medication? ☐ Yes ☐ No
Asthma	☐ Yes ☐ No	Triggered by: Treatment: Diagnosed by Doctor (Name): Date Diagnosed:
Diabetes	☐ Yes ☐ No	Takes Insulin: Date Diagnosed:
Epilepsy/Seizures	☐ Yes ☐ No	Describe Seizure: Date of Last Seizure: Medication:
Heart Condition	☐ Yes ☐ No	Describe Condition: Physical Restrictions:
Bone or Joint Problem	☐ Yes ☐ No	Describe: Physical Restrictions:
Emotional/Behavior	☐ Yes ☐ No	Diagnosis or Description: Treatment (Doctor, Counselor):

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DAILY MEDICATIONS		
At Home?	☐ Yes ☐ No	Name of Medication: Dosage Time:
At School?	☐ Yes ☐ No	Name of Medication: Dosage Time:
Emergency Only?	☐ Yes ☐ No	Name of Medication: Dosage Time:

DIETARY NEEDS		
Special Diet:		
Will your child require food substitutions?	☐ Yes ☐ No	NOTE: A specific form signed by a licensed physician is required before allowing meal or drink substitutions at school. This form can be obtained in the nurse's office or on the school website.

ADDITIONAL INFORMATION

Eyes ☐ Glasses ☐ Reading ☐ Distance ☐ Contacts ☐ Crossed ☐ Lazy Eye
☐ Difficulty Seeing ☐ Headaches

Ears ☐ Frequent Infections ☐ Tubes ☐ Hearing Difficulty ☐ History of Hearing Problems in the Family
☐ Talks Loudly ☐ Hearing Aid - ☐ Left ☐ Right ☐ Both ☐ Wears Hearing Aid at School - ☐ Yes ☐ No

Other Concerns ☐ Nosebleeds ☐ Bowel ☐ Bladder ☐ Diapers ☐ Catherization ☐ Bedwetting
☐ Headaches ☐ Lungs ☐ Skin ☐ ADD/ADHD ☐ Neurological ☐ Blood Disorder
☐ Blood Pressure ☐ Menstruation

Childhood diseases, serious illnesses and injuries:

Surgeries:

Low Birth Weight: ☐ Yes ☐ No

Any condition(s) that prevent the student from participating in PE?

Requires special health care (explain):

Other health information or concerns:

Special procedures required:

If the school nurse is expected to administer medication (Prescription or Non-prescription) to your child, a **MEDICATION FORM** must be completed and on file (see school website). When the medication is changed, a new form must be submitted. Medications **MUST BE** in the original bottle and **brought in by the Parent**.

Please mark ALL medicines the Cole County R-1 School District has your permissions to give to your student.

☐ Acetaminophen (Tylenol) ☐ Ibuprofen ☐ Aleve ☐ Antacids (Tums) ☐ Cough Drops

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transportation or emergency medical services rendered.

PARENT/GUARDIAN	DATE

(05-23)