



BAUGO COMMUNITY SCHOOLS

Small School Feel - World Class Education

Student Medical/Health Information

Parents/Guardians:

The school nurse would like to know if your child has any diagnosed medical or health conditions that could affect him/her while at school or his/her health and safety.

Student Name: _____ Grade: _____

Please make a check mark by those that apply.

Medical Diagnosis

- ☐ ADD/ADHD
- ☐ Bleeding Problem*
- ☐ Asthma*
- ☐ Epilepsy/Seizures*
- ☐ Diabetes*
- ☐ Heart Problem
- ☐ Digestive Problems
- ☐ Bee Sting Allergy*
- ☐ Scoliosis
- ☐ Concussion - What Year _____
- ☐ Other _____
- ☐ No Known Medical Diagnosis

Allergies

- ☐ Animals
- ☐ Dairy Products*
- ☐ Nuts*
- ☐ Peanut Butter*
- ☐ to Medication
- ☐ Diet Specification*
- ☐ Other _____
- ☐ No Known Allergies

Health Condition

- ☐ Nosebleeds
- ☐ Migraines
- ☐ Requires Glasses
- ☐ Requires Contacts
- ☐ Low Blood Sugar
- ☐ Requires Hearing Aid
- ☐ Bee Sting Sensitivity
- ☐ Skin Disorder
- ☐ Surgery/Operations
- ☐ Other _____
- ☐ No Known Health Condition

***Please see the school nurse!**

Please explain any checked areas and let us know if there might be special considerations for your child while he/she is here at school.

Is student on medication for this/these conditions (s)? _____

If yes, please list medication and doses: _____

Will your child take this medication during school time? _____ if yes, please complete a **Medication Authorization Form** from the school office.

Has this child had chickenpox disease? ☐ NO ☐ YES If yes, when? _____

Parent/Guardian Signature: _____

Date: _____

Reviewed by School Nurse: _____

Date: _____

PLEASE NOTE

This information will be kept confidential and only shared with school staff members when it will benefit your child in terms of health maintenance and academic progress; and when necessary for the safety of your child and the safety and well-being of the student body and staff.