

School: _____

Grade: _____

**ADAMS 14 SCHOOL NURSING SERVICES
STUDENT HEALTH INFORMATION**

School Year: _____

Student ID: _____

Student's Legal Name: _____ Birth Date: _____
Last First Middle

Mother/Guardian: _____ **Phone:** _____

Father/Guardian: _____ **Phone:** _____

Check any existing health conditions and explain below:		
<input type="checkbox"/> Allergies (list)	<input type="checkbox"/> Cancer	<input type="checkbox"/> Headaches/Migraines
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Heart
<input type="checkbox"/> Attention Deficit Disorder/ADHD	<input type="checkbox"/> Digestive System (i.e. Celiac)	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Autism	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures/Convulsions
<input type="checkbox"/> Bowel/Bladder	<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> Speech concerns
	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Other

Explain: _____

Check any boxes that apply and explain below:	
<input type="checkbox"/> Counseling	<input type="checkbox"/> Procedures (i.e. G-tube, Catheterization)
<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Prosthesis or Physical Aids (i.e. Braces)
<input type="checkbox"/> Hearing Aids/Other Hearing Concerns	<input type="checkbox"/> Speech Concerns
<input type="checkbox"/> Glasses or Contacts/Other Vision Concerns	<input type="checkbox"/> Other

Explain: _____

Please contact your School Nurse/Health Clerk with any new health conditions or leave a message at 303-853-3297.

Medications Taken Routinely: _____ **At Home:** Yes No **At School:** Yes No

Does the student have medical insurance? Yes No **Medicaid:** Yes No **CHP+:** Yes No **Private Insurance/Name:** _____

Health Care Provider: _____ **Phone:** _____ **Hospital:** _____

Permission for the use of Vaseline (or generic equivalent) in the health office for chapped lips: Yes No

Your child's health information is kept confidential and released to school staff only when necessary.

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