Coupeville School District No. 204

New Student Health Information Form

Today's Date:

STUDENT Legal Last Name	Legal First Name	Legal Middle Name	BIRTHDATE	GRADE

1. Does your child have:

	No	Yes - in last year	Yes – more than 1 year ago	Approximate Diagnosis Date	Condition was…	Mild	Moderate	Severe
Allergies					. . .			
Asthma					. . .			
Diabetes					. . .			
Heart Problem					. . .			
Seizures					. . .			
Anaphylactic Reaction					. . .			
	Other:							

2. Does your child have:

❑ no ❑ yes Vision problems? Date of last eye exam: _____
❑ Glasses? ❑ Contact lenses? [❑ Distance ❑ Reading ❑ At all times]

❑ no ❑ yes Hearing problems? Date of last hearing exam: _____
❑ Hearing aids?

❑ no ❑ yes Frequent ear infections?
Date of last infection: _____ Treatment provided? ❑ no ❑ yes

❑ no ❑ yes Other diagnosed condition

3. Please check if your child has ever been diagnosed as having:

❑ no ❑ yes Learning Disabilities
❑ no ❑ yes Speech/Language Delays
❑ no ❑ yes Developmental Delay
❑ no ❑ yes Social, emotional, or behavior problems affecting school performance
❑ no ❑ yes Inattention
❑ no ❑ yes Attention Deficit Disorder (ADD)
❑ no ❑ yes Hyperactivity / impulsivity
❑ no ❑ yes Physical Problems
❑ no ❑ yes Other medical condition _____

For any box marked "yes," please provide date of diagnosis and a brief explanation:

4. **Does this child take medication of any kind?** ❑ no ❑ yes

Please identify:

5. **Will your child require medication at school?** ❑ no ❑ yes

Please identify:

6. **Will your child require an EpiPen at school for severe allergic reactions?** ❑ no ❑ yes *

    * ***Please Note:*** *Before any prescription or nonprescription medication may be dispensed at school, an "Authorization to Administer Medication" form must be filled out and signed by the parent/guardian and licensed healthcare provider. This form is required annually and is available in the school office.*

7. **Has this child had any serious accidents or injuries?** ❑ no ❑ yes

Please identify:

I authorize / request the above information be shared with district staff overseeing the care of my child.

Legal Parent/Guardian Signature _____ Date _____