Jonesville Community Schools
Health Information Update

Name of student_____ Birth Date_____ Grade_____

Health Insurance_____

Primary Physician_____ Phone_____

Dentist_____ Phone_____

Does student have any of the following (please check all that apply)?

Allergies ❒Yes ❒No To medication, food, pollen, etc? List_____
Requires Epi-Pen? ❒Yes ❒No
Requires emergency treatment? ❒Yes ❒No
❒IHP on file

Asthma ❒Yes ❒No Diagnosed by doctor? ❒Yes ❒No
Does student bring inhaler to school? ❒Yes ❒No
Requires emergency treatment? ❒Yes ❒No
❒IHP on file

Bee Sting Allergy ❒Yes ❒No Diagnosed by doctor? ❒Yes ❒No
Requires Epi-Pen? ❒Yes ❒No
Reaction: Difficulty breathing ❒Yes ❒No
Hives ❒Yes ❒No
Local Swelling ❒Yes ❒No
Requires emergency treatment? ❒Yes ❒No
❒IHP on file

Diabetes ❒Yes ❒No Takes insulin? ❒Yes ❒No
Comments_____
❒IHP on file

Epilepsy/Seizures ❒Yes ❒No Medication(s)_____
Type of seizure_____ Date of last seizure_____
❒IHP on file

Heart Condition ❒Yes ❒No Diagnosed by doctor? ❒Yes ❒No
Medication(s)_____
Physical Restrictions? ❒Yes ❒No
Comments_____
❒IHP on file

Medication(s) taken regularly _____ dose_____ purpose_____

_____ dose_____ purpose_____

Last vision exam:_____ Examiner_____ Wears glasses? ❒Yes ❒No
Last hearing exam:_____ Examiner_____ Tubes in ears? ❒Yes ❒No
❒Right ❒Left

Please list any family changes, special health problems/behaviors, skills, equipment needs, medical treatments or other concerns that you may have regarding your child, including any serious illness, surgeries or injuries in the last 12 months.

****In order to insure that your child is cared for appropriately, the school nurse will share information that might affect your child's safety and well-being with appropriate school personnel****