



PLAINVIEW PUBLIC SCHOOLS

Student Health Information

Student Name _____ Grade _____

My child has a medical condition that may affect his or her school day No YES

****If yes, please complete following information****

My child wears glasses or corrective lenses No YES

THE FOLLOWING INFORMATION WILL ONLY BE SHARED WITH THE STAFF INVOLVED WITH YOUR CHILD.

MEDICAL PROBLEMS _____

LIMITATIONS/RESTRICTIONS _____

INJURIES/SURGERIES _____

ALLERGIES (FOOD/DRUG) _____

CURRENT MEDICATIONS _____

In the event of an emergency, when a parent/guardian cannot be reached, emergency personnel and or school personnel have permission to transport my child to the nearest medical facility. NO YES

All medications taken at school require the completion of the "Physician/Parental Authorization for Medications" form. Please refer to the Plainview Schools Medication Administration Policy.

Students are not allowed to carry any medication on their person during the day. State law does allow carrying medication for asthma or anaphylactic reaction with the proper form on file. All medications must be given to the nurse or school office upon the student's arrival to school.

Parent or Guardian Name (Print or Type)

Parent or Guardian signature

Date