



## Norfolk Public School Department of Health Services

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Dear Parent: Please answer the following questions and return to the office or school nurse. This information will be helpful in providing health services and programs for our students. (Please check all that apply)

### Allergies

- Seasonal hay Fever
- food
- drugs
- fumes
- insect /bee stings
  - has bee sting kit
- animals
- other
- Asthma**

### Blood Disorders

- Anemia
- Hemophilia
- Leukemia
- Frequent Nose bleeds[ ]
- Other \_\_\_\_\_

### Congenital Conditions

- Orthopedic
- Heart
- Growth Disturbance
- Down's Syndrome
- Other \_\_\_\_\_

### Eye Disorders

- Severe visual impairment
- Blindness
- Glasses/Contacts
- Other \_\_\_\_\_

### Endocrine Disorder:

- Diabetes
- Hypoglycemia Problems
- Thyroid Problems
- Other \_\_\_\_\_

### Hearing Problems:

- Hearing loss
- Frequent ear infections
- Tubes in ears
- Other \_\_\_\_\_

### Neuromuscular Disorder:

- Dizzy/ Fainting
- Convulsions/Seizures
- Frequent Headaches
- Migraine Headaches
- ADD/ADHD
  - Treated with Meds
- Other \_\_\_\_\_

### Stomach /Intestinal :

- Constipation
- Frequent Aches
- Ulcer
- Other \_\_\_\_\_

### Other Conditions:

- Skin Problems/eczema
- Burns
- Dental/Orthodontic
- Scoliosis
- Cancer
- Speech Problems
- Surgeries
- serious injury
- Other \_\_\_\_\_

If any of the above are checked, please explain the condition and how the school nurse can help your child: \_\_\_\_\_

Name of the doctor treating your child's condition: \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child take prescription medication on a regular basis? If so, Please give name of medication, dosage, and how often it is taken:

Did your child have any corrections during this summer vacation?

Change in eyes/fitted with glasses \_\_\_\_\_ Name of Eye Doctor \_\_\_\_\_

Ear Problems \_\_\_\_\_ Treatment \_\_\_\_\_

Dental Problems \_\_\_\_\_ Dentist \_\_\_\_\_

### How is health care provided for this student?

Insurance  Medicaid  Kids Connection  No Insurance  Other

Medications will be administered at school with written parental consent. The medication must be brought to school in a proper prescription labeled bottle including (child's name, date, name of medication, dosage, and time to be given.) With request, the pharmacy will provide a duplicate "school" bottle. Non prescription medications will require a parental signature. Parent consent forms are available in the nurse's office or on the school website.

Your signature below grants permission to share this information with school personnel:

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_