

Registration Health Profile

This information serves as an emergency reference only. If the school needs to make medical accommodations for your child due to medical reasons, you must obtain and sign a "Request for Special Health Care Services and Release of Confidential Information" form from your school or online at <http://edsupport.jordandistrict.org/parents> and return it to the school secretary yearly. The District Nurse will determine if a care plan is needed.

Student Name _____ M F Birthdate _____

Parent Name _____ Phone _____

Medical Provider _____ Phone _____

Does your student have any serious health concerns that have been diagnosed by a health care provider?

- | | YES | If so, briefly describe current medical problems that may result in an emergency at school. |
|-----------------------------|--------------------------|---|
| 1. Asthma | <input type="checkbox"/> | |
| 2. Seizures | <input type="checkbox"/> | |
| 3. Life threatening allergy | <input type="checkbox"/> | |
| 4. Diabetes | <input type="checkbox"/> | |
| 5. Chronic conditions | <input type="checkbox"/> | |
| 6. Allergy to medications | <input type="checkbox"/> | |

List all medications your child is taking at school. **This is for emergency reference only.** If medications are taken at school, you must complete and submit a "Medication Authorization" form that can be obtained online at <http://edsupport.jordandistrict.org/nursing/medicationguidelines> or from your school. The form must be signed by a health care provider and include the name of the medication, dosage and time given.

Medications:

List any special needs (i.e. wheelchair, hearing aids, location in classroom, etc.).

Special Needs:

Does child ride the bus? Yes No

Do you currently have health insurance or medical coverage? Yes No

If not, you may call 1-877-543-7669 for information about CHIP (Children's Health Insurance Program) or Medicaid.

I give permission to share this information with school personnel who have a need to know my child's health concerns and for the school to administer first aid when necessary. Yes No

Parent/Guardian's Signature _____

Date _____