

## Hawthorne Academy Health Information Form

Student Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of person to contact in case of emergency medical condition \_\_\_\_\_

Method of contact for emergency situation - Please provide as many effective methods of contact as possible including phone numbers, email, WeChat contact information etc. In emergency situations it is vital that we have a way to contact parents/ legal guardians.

1st preferred method of contact \_\_\_\_\_

2nd preferred method of contact \_\_\_\_\_

3rd preferred method of contact \_\_\_\_\_

Any further important contact information we should know \_\_\_\_\_

Conditions	Yes	Comments	Conditions	Yes	Comments
Allergies			Diabetes		
Asthma or breathing problem			Head injury		
ADHD/ADD			Hearing problems		
Behavioral problems			Heart problems		
Developmental problems			Muscle problems		
Bladder problems			Seizure disorder		
Bowel problems			Speech problems		
Cerebral palsy			Spinal injuries		
Cystic Fibrosis			Surgeries (any previous)		
Dental problems			Vision problems		
Other health problem			Other health problem		

Please explain any health problems our staff/school nurse should be aware of. Also list any medications currently being taken

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health insurance Name and policy number \_\_\_\_\_

Primary Health Care (Medical) Provider contact information \_\_\_\_\_

Hawthorne Academy has available for students through the school nurse the following medications. These medications would only be given under the recommendation and guidance of the school nurse. Please circle medications that you will allow the school nurse to administer if needed without contacting parent/guardian first. Acetaminophen, ibuprofen, tums, lubricating eye drops, antibiotic ointment.

**In addition to this form, you must provide Hawthorne Academy with a dated copy of a physical examination and immunization documentation from your medical provider.**

I, \_\_\_\_\_ (parent/guardian) give permission for Hawthorne Academy to contact my child's Primary Health Care Provider and discuss my child's health concerns needed relative to school enrollment and dormitory living