

Nurse Reviewed _____ Date _____

Hobgood Charter School

2024-2025

Student Health Information

Student's Full Name	Date of Birth (month / day / year)	School	Homeroom Teacher	Grade
Parent / Guardian First and Last Name	Telephone Numbers	Physician's Name / Telephone Number	Parent / Guardian Signature	
	Home			
	Work			
	Cell			

Does your child have a chronic health condition that requires an action plan at school?

_____ **No – **STOP HERE****

_____ **Yes – PLEASE COMPLETE THE SECTION BELOW: *If medications are needed, a physician's order must be received each school year, even if they are self carry.***

_____ **Asthma**

Does your child need an inhaler at school? *See Below **YES** **NO**

_____ **Severe Allergies?** **Is an Epi Pen prescribed?** **YES** **NO** Allergen: _____ Reaction: _____

_____ **Blood Disorder** Type: _____

_____ **Cardiac (Heart) Condition / High Blood Pressure** Explain: _____

_____ **Cancer / Leukemia** Type: _____

_____ **Concussion / Severe Head Injury** Date of Injury: _____

_____ **Diabetes (*Please Circle*)** Type I or Type II _____

_____ **Dietary Restrictions** Explain: _____

_____ **POTS (Postural Orthostatic Tachycardia Syndrome)** _____

_____ **Seizure Disorder / Epilepsy DO NOT LIST FEBRILE** Date of last Seizure: _____

_____ **Gastrointestinal Disorders (Stomach Problems)** Explain: _____

_____ **Other - Please List:** _____

Does your child:

--Take prescription medication(s) at home daily? **Yes** **No** Name of medication(s) _____

-- Take medication(s) at school? **Yes*** **No** Name of medication(s) _____

A Medication Authorization Form is required for medications taken at school, including over the counter medications. This form must be signed by the PARENT and PHYSICIAN. Medications MUST be brought in by PARENTS. *Self-carry students need to have a medication authorization form completed PRIOR to bringing medications to school.

If your child needs a medical procedure performed at school, please list type of procedure/restrictions or accommodations needed: _____

**An Authorization for Specialized Health Care Procedure Form is required for procedures performed at school.*

Forms are available from your school office or school nurse

It is the responsibility of the parent/guardian to notify the school nurse of any changes in the student's health status during the school year.

Nurse Reviewed _____ Date _____

Hobgood Charter School
2024-2025
Student Health Information