



Does your child have any special long-standing health problems or allergies? \_\_\_\_\_ If so, please list \_\_\_\_\_  
 Has your child developed a health problem in the last year? \_\_\_ If so, please describe \_\_\_\_\_  
 History of head injury/concussion? \_\_\_ Yes \_\_\_ No Date: \_\_\_\_\_ Cause: \_\_\_\_\_  
 Does your child have any physical limitations or handicaps the school should be aware of? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

**Does your child...**

\_\_\_ Have ADD/ADHD \_\_\_ Have Asthma \_\_\_ Use an inhaler/nebulizer \_\_\_ Wear Glasses \_\_\_ Have seizures  
 \_\_\_ Have Diabetes \_\_\_ Have food Allergies \_\_\_ Have Migraine Headaches \_\_\_ Have sting Allergies  
 \_\_\_ Other; please explain: \_\_\_\_\_

Is your child taking any medications for the above conditions? If so, please list what medication and time medications are given.

Medical Condition OR Allergies	Medication	Time/dosage	Will medication be given at school?

**Your child's Medical information:**

Does the school have permission to take your child to your family physician or another physician in the event you cannot be contacted?  
 Yes \_\_\_ No \_\_\_

In the event of a medical emergency, the school will seek appropriate medical attention for your child.

Insurance coverage by type: Health Insurance \_\_\_ Medicaid \_\_\_ None \_\_\_ HMO/Managed Care \_\_\_  
 Medical Insurance Number \_\_\_\_\_ Medical Insurance Company \_\_\_\_\_

Doctor's name \_\_\_\_\_ Telephone \_\_\_\_\_ Hospital \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Has this child had a physical exam in the past 2 years? Yes \_\_\_, Date \_\_\_\_\_ No \_\_\_ Dental Exam: Yes \_\_\_, Date \_\_\_\_\_ No \_\_\_

**No medication will be given to your child by school staff without a prescription from your doctor. This includes over-the-counter drugs. The medications listed below are covered by standing orders for your convenience. They will be available at the school and can be given when needed with your permission.**

**PLEASE CHECK IF YOUR CHILD MAY BE GIVEN THESE AT SCHOOL WHEN NECESSARY:**

\_\_\_ Tylenol \_\_\_ Cough Drops \_\_\_ Tums \_\_\_ Cough Syrup (Guaifenesin Robitussin Only)  
 For allergic reactions only: Benadryl / 25 mg \_\_\_ Adrenalin Epi-pen \_\_\_ \*Will only be given in the event of severe allergic reactions

*The above information is necessary for the student's record and is confidential. I grant permission for the exchange of this information with other WN staff members as needed to facilitate my child's health care.*

Information given by: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
**Parent/Guardian**

**Please review, make corrections, sign and date.**

**Annual review:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Child's current grade:** \_\_\_\_\_  
**Annual review:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Child's current grade:** \_\_\_\_\_  
**Annual review:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Child's current grade:** \_\_\_\_\_  
**Annual review:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Child's current grade:** \_\_\_\_\_

**NOTICE OF NON-DISCRIMINATION:**

Applicants for admission and employment, students, parents of elementary and secondary school students, employees, sources of referral of applicants for admission and employment, an all union or professional organizations holding collective bargaining or professional agreements with West Nodaway R-I Schools are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning West Nodaway R-I Schools' compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact the Superintendent of Schools, P.O. Box 260, Burlington Junction, MO 64428, 660-725-4613. The Superintendent of Schools has been designated by West Nodaway R-I to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX, and Section 504. Any persons may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with regulations implementing Title VI, Title IX, or Section 504