

HEALTH INFORMATION

Student Information:

Last Name _____ First Name _____ Middle Initial _____

DOB _____

Parent/Guardian Name _____

Phone Numbers: Home _____ Cell _____

Please complete this form providing current student health information and return to your student's school as soon as possible. It is the responsibility of the parent to provide health information, special food needs, and medications in school. If you have any questions, please call the District Nurse @ 503-673-7021

ALLERGY: NO YES. Describe to what: _____

Every had an anaphylactic reaction No Yes.
Describe: _____

ASTHMA NO YES

Does Asthma limit any school activity? No Yes.
Describe: _____

Daily Medication needed at school? No Yes. List: _____

SEIZURES: NO YES

Last seizure _____ Medication needed at school No Yes

List: _____

DIABETES: NO YES Describe _____

Insulin needed at school No Yes

If yes, pen pump

OTHER MEDICALLY VERIFIABLE ISSUES: _____

School Use Only:

School: West Linn High School Year _____

If Parent has answered yes to any of the questions please return to Brenda Hogan in Nursing Services ASAP

Hoganb@wlwv.k12.or.us

Fax Number 503-673-7003