



## Student Health Form

Dear Parents/Guardians: Please provide to us below a *complete* record of your child's health history and current health status so that we can care for your child's health and safety in our residential school program setting. If your child has a medical condition, including asthma or an allergy, additional health information may be required. If need be, please contact your school nurse or The Ecology School on-site nurse to discuss your child's needs.

*Please fill out this form completely including signatures. All information is confidential.*

Student's Name \_\_\_\_\_

School Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_ Home Phone(s) \_\_\_\_\_

Parent/Guardian #1's Employer \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian #2 Employer \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Emergency Contact if above is not available:*

Name/Relation \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of Student's last Tetanus Booster \_\_\_\_\_

Will your child take medication while at The Ecology School? Yes\_\_\_\_ No\_\_\_\_

**MEDICATIONS**

Please list all medications student will take at The Ecology School. All medications must be sent with teachers. DO NOT PACK WITH STUDENT. MEDICATIONS MUST BE IN ORIGINAL CONTAINER CLEARLY LABELED BY PHARMACY WITH CORRECT DOSAGE AND TIME.

<u>Medication Name</u>	<u>Dose</u>	<u>Time(s)</u>	<u>Reason for taking</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any known *allergies* and describe reaction that occurs:

Medications\_\_\_\_\_

Food\_\_\_\_\_

Environmental\_\_\_\_\_

Other\_\_\_\_\_

*Check all applicable health conditions of student and explain below:*

- |   |   |
|---|---|
| <input type="checkbox"/> ADD or ADHD                                      | <input type="checkbox"/> Recent hospitalization (last 5 years)        |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Recent illness                               |
| <input type="checkbox"/> Bathroom issues                                  | <input type="checkbox"/> Recent injury                                |
| <input type="checkbox"/> Behavior concerns                                | <input type="checkbox"/> Recent surgery                               |
| <input type="checkbox"/> Diabetic   | <input type="checkbox"/> Recent trauma in home/family                 |
| <input type="checkbox"/> Does your child require an aid in the classroom? | <input type="checkbox"/> Religious restrictions (food, medical, etc.) |
| <input type="checkbox"/> Eating disorder or history of                    | <input type="checkbox"/> Severe anxiety                               |
| <input type="checkbox"/> Epilepsy or Seizures                             | <input type="checkbox"/> Skin concerns                                |
| <input type="checkbox"/> Fainting   | <input type="checkbox"/> Sleep walking                                |
| <input type="checkbox"/> Headaches/Migraines                              | <input type="checkbox"/> Follows a special diet                       |
| <input type="checkbox"/> Heart condition                                  | <input type="checkbox"/> Vegetarian or Vegan                          |
| <input type="checkbox"/> Psychiatric diagnoses                            | <input type="checkbox"/> OTHER (list here)_____                       |

Student Health Form, page 3 Student's Name \_\_\_\_\_

Please explain all items checked above:

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Occasionally, it is necessary to administer non-prescription (over-the-counter) medication to students while at The Ecology School (for headaches, sore throats, stomachaches, etc.). These medications can only be administered with parent/guardian permission.

**Please sign here to give permission for your child to receive over-the-counter medications if needed.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TREATMENT PERMISSION**

In the event of a medical emergency, I, \_\_\_\_\_ (print parent/guardian name), grant permission for The Ecology School staff, Student's school staff, or an ambulance to transport my child and I grant permission for any doctor, clinic, or hospital to perform emergency treatment as deemed necessary for my child.

I further authorize The Ecology School Nurse to administer medications listed above to my child as scheduled.

Signature \_\_\_\_\_ Date \_\_\_\_\_