

NORTH LINN COMMUNITY SCHOOL DISTRICT

NEW STUDENT REGISTRATION:

NORTH LINN STUDENT HEALTH INFORMATION

STUDENTS NAME: _____ WILL YOUR CHILD REQUIRE SPECIAL SERVICES? YES OR NO?

DO THEY HAVE AN IEP? YES OR NO?

(IF YES, CIRCLE THE SERVICE) SPECIAL THERAPY RESOURCE ROOM SPECIAL EDUCATION CLASSES

SPECIAL HEALTH REQUIREMENTS

SPEECH SERVICES

Would you like information about free/low cost medical, dental, and vision insurance thru HAWK-I (Healthy and Well Kids in Iowa)

YES _____ NO _____

LIST ANY HEALTH CONCERNS YOU THINK THE NURSE OR SCHOOL PERSONNEL SHOULD KNOW ABOUT AND TREATMENTS FOR THEM:

Health Concerns	YES	NO	Treatment	YES	NO
Allergies*			Epipen: Kept in Nurse's Office		
Asthma			Inhaler: Kept in Nurse's Office		
Diabetes			Please discuss with Nurse/Health Plan		
Heart Problems*			Activity Restrictions		
ADHD/ADD			Medication at School		
Seizures*			Precaution at School		
Vision Problems			Contacts or Glasses (Circle One)		
Hearing Problems			Hearing Aid - Special Seating (Circle One)		
Scoliosis			Treated by Doctor		
Significant Illness/Accident*			Hospitalized		
Depression			Medication		
Surgery*			Any Limitations		

* Please Explain (may attach sheet): _____

Current Prescription Medications: _____

Will your child take these medications at school? YES _____ NO _____ Time to be given at school: _____

MY CHILD MAY BE GIVEN TYLENOL (ACETAMINOPHEN) APPROPRIATE FOR THEIR AGE:

YES OR NO

(PLEASE CIRCLE ONE)

EMERGENCY INFORMATION:

Please be advised that parents are **always** the first to be contacted. However, in the event that parents cannot be reached, please list whom to call in case of illness or emergency. The emergency names you list will have information shared with them about your child's emergency in the event we are unable to contact the parent. They must also be able to pick up your child and care for them in case we cannot reach you.

Emergency #1 Name & Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency #2 Name & Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MILITARY STATUS:

Are either parent in the US Military? YES _____ NO _____ / Active _____ Inactive _____ / Which branch? _____

I have reviewed the above information and verify that it is correct. I also understand that in signing this, I give permission for this information to be shared with school personnel that have a legitimated educational interest in my child.

Parent/Guardian's Signature: _____ Date: _____