

STUDENT HEALTH REGISTRATION FORM
MONTICELLO PUBLIC SCHOOLS HEALTH SERVICES

Student Name: _____ Grade _____

MEDICAL HISTORY

1. Have you ever been told by a physician or a health care professional that your child has:
 - a. Asthma _____
 - b. Diabetes _____
 - c. Heart Condition _____
 - d. Seizure Disorder _____
 - e. Skin Condition _____
 - f. Shunt _____
 - g. Other _____
2. Does your child experience any of the following?
 - a. Nose bleeds _____
 - b. Constipation/Diarrhea _____
 - c. Frequent Headaches _____
 - d. Other _____
3. Does your child have a life-threatening health condition? Yes _____ No _____
Please explain: _____
4. Allergies (*Please note if these are food intolerances/sensitivities instead of allergies)
 - a. Food(s): _____ List/explain: _____
 - b. Latex: _____ List/explain: _____
 - c. Insects: _____ List/explain: _____
 - d. Animals: _____ List/explain: _____
 - e. Plants: _____ List/explain: _____
5. Medication:
 - a. Does your child take any medication? Yes _____ No _____
If yes, name of medication(s): _____
 - b. Will the medication be needed at school? Yes _____ No _____
 - c. Purpose of medication(s): _____
6. Hearing/Vision
 - a. Do you have concerns about your child's hearing? Yes _____ No _____
 - b. Does your child have a hearing aid? Yes _____ No _____
 - c. Do you have concerns about your child's vision? Yes _____ No _____
 - d. Does your child wear glasses and/or contacts? Yes _____ No _____
7. KI consent
 - a. I consent to have the school nurse or their designee, administer Potassium Iodide (KI) to my child during a nuclear emergency. Yes _____ No _____

In case of illness or mild accidents, we will contact the parent/guardian at home and/or at work. If we do not get a response in a reasonable period of time, the person(s) designated on the emergency form will be contacted. In case of a severe emergency, an ambulance will be called and we will attempt to call you as soon as possible.

I have read and understand the information on the other side of this form

Parent/Guardian Signature: _____ Date: _____