



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: 2017 - 2018

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle) Birth Date Sex School

Address (Street)

Home Telephone Number: Cell Phone Number: Additional Phone Number: Grade Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle) Work Phone Number:

Transportation Bus Rider Bus Number: Car Rider Special Needs Bus After School

Part I - Health Information

Place your child receives health care: Physician's Name: Address: Phone: Community Health Center Health Department Hospital Clinic No Regular Place Private Doctor /HMO
Your child's Insurance Information: ALL KIDS Medicaid No Insurance Other Private Insurance
Place your child receives dental care: Dentist's Name: Address: Phone: Community Health Center Health Department Hospital Clinic No Regular Place Private Dentist /HMO

Preferred Hospital:

Part II - Medical History Medical Equipment /Procedures Required at School

Catheter Gastric Tube Nebulizer Treatments Oxygen Supplement Tracheostomy
Vagal Nerve Stimulator (VNS) Ventilator Wheelchair Walker
Other Please explain:

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: 2017 - 2018

Name of Student

Part III – Medical History

Form with multiple rows for medical history assessment, including sections for Known Health Problems, ADD/ADHD, Allergies, Asthma, Blood/Bleeding Problems, Diabetes, Emotional/Behavioral/Psychological, etc.

Required Signatures

Signature lines for Parent(s) or Guardian and School Nurse, including date fields.