Pratt USD 382 - Student Medical Form

To be completed every year by parent/guardian

Student: ____ **Grade:** ____

Date of Birth: ______________ **Age:** _____ **Sex:** ____ **Male** ____ **Female**

Family Physician: __________________________________ **Phone:** ________________________

Dentist: ______________________________________ **Phone:** ________________________

Allergies

____ **Food Allergies:** ____________________________________**Epi Pen Required** __**Yes** __ **No**

____ **Environmental Allergies:** ____

____ **Bee Sting allergy** __________________________________ **Epi Pen Required** __ **Yes** __ **No**

____ **Medication Allergies:** ____

Medical Conditions – Be Specific

____ **Diabetes** ____ **Seizure Disorder** ____ **Arthritis** ____ **Heart Condition**

____ **ADD/ADHD** ____ **Glasses/Contacts** ____ **Bladder/Bowel problems**

____ **Asthma (mild, persistent, severe; Triggers)** ______________________________

Hearing Problems – Which ear? _______ **Hearing Aids – Which ear?** ______________

Other Health/Medical conditions/concerns: ________________________________

____

Medications administered at Home: ____

Medications to be administered at SCHOOL: __________________________________

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Consent To Treat

In case of accident or illness, I hereby authorize a representative of USD 382 – Pratt the right to consent to medical treatment for my child. (Parents will be notified in case of serious illness or injury as quickly as possible, by signing this form it will make immediate treatment possible.)

_______________________________________ **Date** _______________

Parent/Guardian Signature

Kansas Immunization Records

I give my consent for information contained on my child's Kansas Certificate of Immunization, to be released to the Kansas Immunization Program.

Parent/Guardian Signature ________________________________**Date** ____________