

USD #268 CHENEY SCHOOLS
Individual Medical Diagnosis/Care Information

It is important that USD#268 be made aware of your child's health status and any known medical diagnosis that school staff may encounter while your child is in attendance. **Each student enrolled in Cheney Schools must have this form completed and signed by a parent/guardian prior to attending classes.**

Student Name _____ Grade _____

Please mark any items listed and *describe* below in detail how it pertains to your child's health status.

Allergies (medication, food, etc) _____ ⇨ Type of allergic reaction (rash, shortness of breath, stomach discomfort) _____

Anaphylaxis history (insect, etc) _____ ⇨ Type of Anaphylaxis reaction (rash, shortness of breath, stomach discomfort) _____

Asthma/lung _____ ⇨ Asthmatic triggers (allergies, exercise induced, etc.) _____

Ear tubes/hearing loss _____
Aides/Speech _____ Eye Problems (glasses, etc) _____

Back/Spine problem _____ Diabetes _____

Orthopedic condition _____ Bloodborne disease(Hepatitis, HIV) _____

Seizures, fainting _____ Blood pressure/Heart problem _____

Skin (dermatitis, eczema) _____ Bowel Problem(ostomy, colitis) _____

Tuberculosis _____ Cancer _____

Urinary (retention, frequency) _____ Dental (braces, appliances) _____

ADD/ADHD _____ Other _____

Include details of conditions above: _____

Medications Taken at Home: _____

Authorized school staff will have access to this information and it will be handled in a confidential manner. Should you have specific confidentiality concerns, please contact Jennifer Bartlett or Jessa Albers, school nurse at 542-3137. Please notify us of any changes in your students health status that may occur throughout the school term.

Parent/Guardian signature

Date