Dubuque COMMUNITY SCHOOLS

HEALTH ASSESSMENT

THIS FORM IS ONLY FOR STUDENTS WHO DO NOT REGISTER ONLINE USING POWERSCHOOL.
If you registered in PowerSchool, you have already completed this information.

STUDENT INFORMATION

STUDENT NAME:	GRADE:	DATE OF BIRTH (mm/dd/yyyy):
ADDRESS:	CITY:	ZIP:
LAST SCHOOL ATTENDED:	EMAIL:	

DOES YOUR CHILD RIDE THE SCHOOL BUS? [ ] YES [ ] NO

EMERGENCY CONTACT INFORMATION (CONTACTS SHOULD BE AVAILABLE TO PICK UP YOUR CHILD WITHIN 30 MINUTES)

PARENT / GUARDIAN NAME:	HOME PHONE:	CELL PHONE:	WORK PHONE:
PARENT / GUARDIAN NAME:	HOME PHONE:	CELL PHONE:	WORK PHONE:
ALTERNATE CONTACT NAME:	HOME PHONE:	CELL PHONE:	WORK PHONE:
ALTERNATE CONTACT NAME:	HOME PHONE:	CELL PHONE:	WORK PHONE:

MEDICATION INFORMATION *List all medications your child is currently taking, times given and purpose.*

HEALTH CONCERNS *If yes, please answer the questions following.*

SEIZURES: [ ] YES [ ] NO	DATE OF LAST SEIZURE:	WAS THIS DUE TO HIGH FEVER AS INFANT OR TODDLER? [ ] YES [ ] NO

DESCRIBE SEIZURE:

ASTHMA: [ ] YES [ ] NO	ASTHMA MEDICATIONS TAKEN AT SCHOOL:

NOTE: For students who carry their inhalers, the medication request form must still be completed by your child's health care provider and signed by a parent/guardian.

ALLERGIES: [ ] YES [ ] NO	TYPE OF ALLERGY:
SYMPTOMS WHEN EXPOSED TO ALLERGEN:	ALLERGY MEDICATIONS AT SCHOOL:

HEARING LOSS: [ ] YES [ ] NO	EAR(S): [ ] right [ ] left [ ] both	WEARS HEARING AIDES: [ ] YES [ ] NO

ACCOMMODATIONS NEEDED AT SCHOOL?

CORRECTIVE LENSES: [ ] YES [ ] NO	TYPE: [ ] glasses [ ] contacts	DATE OF LAST EXAM:	EYE SPECIALIST NAME:

LIST ANY SURGERIES, MAJOR ILLNESSES OR INJURIES THAT REQUIRED MEDICAL CARE IN THE PAST YEAR:

LIST ANY OTHER CHRONIC ILLNESS OR CURRENT HEALTH CONCERNS:

DOCTOR NAME:	DATE OF LAST EXAM:	DO YOU NEED ASSISTANCE FINDING A DOCTOR? [ ] YES [ ] NO
DENTIST NAME:	DATE OF LAST EXAM:	DO YOU NEED ASSISTANCE FINDING A DENTIST? [ ] YES [ ] NO

DOES YOUR CHILD HAVE HEALTH INSURANCE? [ ] YES [ ] NO	DO YOU NEED INFORMATION ABOUT HAWK I INSURANCE? [ ] YES [ ] NO

PLEASE SIGN BELOW

I agree that this information may be released to school personnel who need to know.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

NOTE: If you wish to save data typed into this form, first save the file on your computer and re-open from your computer prior to typing.