Sequoyah Public Schools
Health History Form

Dear Sequoyah Parents,

To help us provide the best possible care for your child during the school day, please take a few moments to update your child's health information. This information is confidential and is used to ensure your child receives appropriate care while at school.

Please complete the information below and return this form to the school nurse. If there have been any changes to your child's health since the beginning of the school year, please include those updates.

Student's Name _____ Date _____

Please check the following medical conditions that may apply.

- ☐ Diabetes
- ☐ Heart Condition
- ☐ Joint/Muscle Condition
- ☐ Neurological/Seizures
- ☐ Respiratory (Asthma/Inhaler)
- ☐ ADD/ADHD
- ☐ Allergies (Food, Environmental, Medications, Seasonal)

If your child has allergies, please list the allergy and the reaction(s):

_____

Other Medical Conditions

_____

_____

Please provide Physician documentation for any of the above conditions. This information may be faxed, 918-343-8108, brought to the office, or sent by email to jennifer.chambers@sequoyaheagles.net.

If your child requires **prescription or over-the-counter medication** during the school day, a **Medication Authorization Form** must be completed each school year. This form is available in the Nurse's Office and on our School webpage. Parents/guardians are responsible for providing all medications. **Students are not permitted to transport medications to school.**

If you have any questions or need assistance, please do not hesitate to contact Nurse Jenn Chambers at 918-341-6111.

Thank you for your cooperation and for helping us provide a safe and healthy learning environment for your child.

Parent/Guardian Print_____ Parent/Guardian Signature_____