

East Porter County School Corporation
Morgan Township Schools

Student Health Information Form

****For all 2016-17 Morgan Township Students.**

Name: _____ Grade: _____ D.O.B. _____

Parent/Guardian: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Physician: _____ Phone Number: _____

Health History:

Does the student have...?	YES	NO	Does the student have...?	YES	NO
ADD/ADHD			Heart Problems		
Allergies (List Below)			Hypoglycemia		
Arthritis/Bone/Joint Disease			Seizure		
Asthma			Stomach/Digestive Disease		
Bladder/Bowel Problems			Glasses/Contacts		
Diabetes			Hearing Problems		
Concussion			Physical Handicap		
Headaches/Migraines			Other conditions not listed		

**** If the answer to any of the above is YES, please explain.** _____

Does the student take medication of ANY KIND? _____ YES _____ NO

If yes, please explain: _____

* If the student will need to take medication at school (prescription or nonprescription) a written parent consent must be on file and the MTS medication policy must be followed. See student handbook for further information.

*You must provide immunization history to the school and a copy will be given to the nurse.

I understand that I will be asked to furnish a doctor's statement verifying the above information. I also understand that this information is CONFIDENTIAL and is being furnished for the exclusive use of the Morgan Township School Nurse, and will only be released to school personnel that have direct contact with the student.

Completed by: _____ Relationship: _____ Date: _____

