NORTHLAND CHRISTIAN SCHOOL

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STUDENT HEALTH AWARENESS

In order to keep our students safe and healthy and up to date on their health information we would like for parents to please fill out this form and return it to the school nurse Olga Nelson BSN RN, in order to update all information on health records. All information is kept confidential.

Name of student:_____ Birthday:_____ Grade:_____
Male:_____. Female:_____

Address:_____ Phone:_____

Parent/Guardian:_____ Cell:_____

Pediatrician:_____ Phone:_____

Please answer the following health questions about your child:

Any Health Concerns:_____
Medications nurse should know about:_____
Allergies:_____ Needs Epi-pen?_____ Benadryl:_____

Wears glasses Y/N Contacts Y/N. Any problems with vision or hearing:_____

Asthma Y/N Seizures: Y/N ADD/HD: Y/N Heart Problems Y/N:_____

Bleeding Disorder: Y/N History of muscle, joint, or orthopedic problems: Y/N
Comments:_____

Kidney problems: Y/N _____ Adrenal Y/N:_____

Diabetes: Y/N:
Comments:_____
Skin Condition Y/N: (example-eczema)_____
Autoimmune Disorder(Lupus, Rheumatoid arthritis, etc.):_____
Gastrointestinal Y/N:_____ Headaches/Migraines Y/N:_____
Psychiatric (Anxiety, Depression, etc.) Y/N:_____