

**DEERFIELD COMMUNITY SCHOOL DISTRICT – HEALTH AND CUSTODY INFORMATION**  
Annual update by parents/guardians required.

**HEALTH SURVEY/INFORMATION: This information must be updated annually to ensure our records are current.**

<b>Student Name:</b>	<b>DOB:</b>	<b>Grade:</b>
<b>YES (✓)</b>		
	Severe reaction to insect stings. Cause/Reaction:	
	Food allergies. Cause/Reaction:	
	Other allergies. Cause/Reaction:	
	* Epi-pen at school: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student	
	Asthma (check one): <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Cause/Reaction:	
	* Inhaler at school: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student	
	Heart condition (describe):	
	Vision loss (not corrected by glasses):	
	Hearing loss (describe):	
	Emotional problems (describe):	
	Diabetes (describe):	
	Seizures (describe):	
	Migraines/Headaches (describe):	
	Physical limitations (please list):	
	Student is taking medication at home that the school needs to be aware of: List Medication:	
	Medication taking at school: List Medication:	
*Please list any medications the student will be taking at school: <b>(NOTE: Students in grades 4K-12 may not self-administer any medication which is a controlled substance (i.e., ADHD medications such as Ritalin, Pain medications, etc.)</b>		
Location of medication: <input type="checkbox"/> In School Health Office <input type="checkbox"/> With Student		
Please complete with date any new immunization boosters the student has received:		
Varicella (chicken pox)_____ Tdap_____ Td_____ Other _____		

**\*Students who require prescription or over the counter medication during school hours must have a current medication consent form completed and signed by their parent/guardian and/or medical practitioner.** This form must be submitted to the office **prior to** medication being administered or taken at school. Medication must come in the original container and be appropriately labeled. **Forms can be found in the student handbook, on the district website, or in the school office.**

**Additional Pertinent Medical Information:**

The parent/guardian signature below:

- allows the school to share health concern information with school staff, bus drivers & coaches/advisors that may come in contact with the student.
- authorizes treatment by an EMT or licensed trainer for my child in the case of an injury or medical emergency.
- authorizes that information regarding treatment or injury may be shared between EMT or licensed trainer and the appropriate school district staff.
- authorizes that the name & location of the facility treating my child be released to the school district if such need occurs under district supervision.

**Signature:**

**Date:**