

*Jefferson Township Local Schools*  
*School Health Services*

2625 South Union Road Dayton, Ohio 45417  
Phone 937-835-5682 Fax 937-835-5955

MEDICAL INFORMATION

For educational purposes, special medical problems, physical impairments or other facts concerning your child's medical history may be shared with teachers and staff involved in the academic settings.

Please Print

Student name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Medicals problems/Allergies/Special Needs**

**Asthma:** Medication \_\_\_\_\_

Any meds needed at school: \_\_\_\_\_

**Bee/Insect Stings:** What kind of reaction?

Any meds at school: \_\_\_\_\_

**Diabetes:** Yes or No: Will need to meet with nurse to set up nursing care plan

**Seizures:** Yes or No: Will need to meet with nurse to set up nursing care plan

**Nut Allergy:** What kind \_\_\_\_\_

Will need to meet with nurse to set up nursing care plan

**Food Allergies:** \_\_\_\_\_

Will need to meet with nurse to set up nursing care plan

**Hearing Aid:** Yes or No: Please plan to keep batteries in the clinic

Any special needs for the classroom: \_\_\_\_\_

**Glasses:** Yes or No

**Heart Condition:**

**Orthopedic Problems:** \_\_\_\_\_

Additional Information concerning you child:

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

SCHOOL PERSONNEL WILL **NOT** administer any medication (over counter or prescription) unless the School Medication Request form is completely filled out with the signature of both the physician/dentist and parent. Any medication must be stored in the clinic. The parent is responsible for providing the medications.