Student's name  (LAST)	Date:	Knox County	y Student Medical Profile	Page 1 of 1
Does the student require medical care/hospitalization at birth or at any other time?  Yes No If "Yes," explain:  Does the student require a daily medical procedure performed by a school nurse? If so, explain:  What medications, if any, does the student take?  Does the student seem to have vision, hearing or speech problems?  Yes No If "Yes," explain:  The student has a history of (check any that apply): Amputation(s) Cancer Down's Syndrome Skin problems Asthma/reactive Cerebral paley Heart defects Syndlowing problems Requires inhaler Cystic fibrosis Migraine headache Traumatic Brain Syndrome Allergies: Diabetes Mscaular dystrophy Bees stings Pood Orthopedic problems Sensitivity to light Requires Repi-pen Selection Selection Selection Selection Challers Requires Repi-pen Selection Selec	This information will	be used by the school	ol nurse to provide care	for your child.
Does the student require medical care/hospitalization at birth or at any other time?    Yes	Student's name			
Does the student require a daily medical procedure performed by a school nurse? If so, explain:  What medications, if any, does the student take?  Does the student seem to have vision, hearing or speech problems?  Yes No If "Yes," explain:  The student has a history of (check any that apply):   ADD/ADHD   Cancer   Down's Syndrome   Skin problems     Amputation(s)   Celiac disease   "G"/"5" feeding tubes   Stomach problems     Asthmat/reactive   Cerebral palay   Heart defects   Swallowing problems     Asthmat/reactive   Crohn's Disease   Hemophilia   Tracheotomy   Traumatic Brian Syndrome     Allergies:   Diabetes   Spina bifida   Tracheotomy   Traumatic spinal injury     Bec stings   Spina bifida   Orthopedic problems   Other     Latex   Sensitivity to light   Seizure disorder     It is important for teachers and principals to have your child's special medical information so that any emergency can be handled appropriately. Summarize any special medical conditions:  Does the student get along well with other people?    Yes No If "No," explain:		(FI	RST)	(MIDDLE)
Does the student require a daily medical procedure performed by a school nurse? If so, explain:    What medications, if any, does the student take?	Did the student requi	ire medical care/hospita	alization at birth or at any	other time?
What medications, if any, does the student take?  Does the student seem to have vision, hearing or speech problems?  Yes No If "Yes," explain:  The student has a history of (check any that apply):  ADD/ADHD Cancer Down's Syndrome Skin problems  Anputation(s) Celiac disease "d''/J" feeding tubes Stomach problems  Alathma/reactive Cerebral palsy Heart defects Swallowing problems  airway disease Crohn's Disease Hemophilia Tracheotomy  Requires inhaler Cystic fibrosis Migraine headache Traumatic spinal injury  Bee stings Spina bifida Urinary problems  Food Orthopedic problems  Sensitivity to light  Requires Epi-pen Seizure disorder  If any are checked, explain:  Tt is important for teachers and principals to have your child's special medical information so that any emergency can be handled appropriately. Summarize any special medical conditions:  Does the student get along well with other people?  Yes No If "No," explain:	Yes No	If "Yes," explain:		
Does the student seem to have vision, hearing or speech problems?    Yes   No If "Yes," explain:   Shunts/hydrocephalus	Does the student requ	uire a daily medical pro	ocedure performed by a schoo	l nurse? If so, explain:
The student has a history of (check any that apply):    ADD/ADHD	What medications, if	any, does the student t	ake?	
ADD/ADHD				
that any emergency can be handled appropriately. Summarize any special medical conditions:  Does the student get along well with other people?  Yes No If "No," explain:	ADD/ADHD Amputation(s) Asthma/reactive airway disease Requires inhale Allergies: Bee stings Food Latex Requires Epi-pe	Cancer Celiac disease Cerebral palsy Crohn's Disease Cystic fibrosis Diabetes	Down's Syndrome  "G"/"J" feeding tubes  Heart defects  Hemophilia  Migraine headache  Muscular dystrophy  Spina bifida  Orthopedic problems  Sensitivity to light	Skin problems Stomach problems Swallowing problems Tracheotomy Traumatic Brain Syndrome Traumatic spinal injury Urinary problems
Yes No If "No," explain:	=			
Yes No If "No," explain:				
Yes No If "No," explain:				
Yes No If "No," explain:				
	Does the student get	along well with other p	people?	
	Yes No	If "No," explain:		

Form completed by	Date	
Relationship to the student		