

Student Name			
Last Name	First Name	Middle Name	Grade

This page is for use by the school nurse.

Private insurance: No Yes -- Name: _____

TennCare: No Yes -- if TennCare, please indicate which Managed Care Organization (MCO):
 BlueCare / VSHP TennCare Select AmeriChoice

Did 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):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart defects | <input type="checkbox"/> Shunts/hydrocephalus |
| <input type="checkbox"/> Amputation(s) | <input type="checkbox"/> Celiac disease | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Asthma/reactive airway disease | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Migraine headache | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Allergies: | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Swallowing problems |
| <input type="checkbox"/> Bee stings | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Spina bifida | <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> Food | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> Traumatic Brain Syndrome |
| <input type="checkbox"/> Latex | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Traumatic spinal injury |
| | <input type="checkbox"/> "G"/"J" feeding tubes | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Urinary problems |
| | | | <input type="checkbox"/> Other _____ |

If any are checked, explain: _____

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: _____

Family physician: _____ Telephone: _____

Form completed by _____ Date _____

Relationship to the student _____