

Bettendorf Community Schools Student Health Registration • School Year: _____

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____ **Gender:** _____

When child is ill or injured, please list which parent/guardian the school should notify first. Please list in preferred order of contact.

#1) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

#2) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

In case parent can't be reached, please contact the individual below: This person has agreed to assume this responsibility and is local.

#3) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

Child's Doctor: _____ Phone #: _____ Preferred Hospital: _____

Child's Dentist: _____ Phone #: _____ Orthodontist: _____

Type of Health Insurance: Private Title 19/Medicaid Hawk-I No Health Insurance Other: _____

HEALTH CONCERNS Mark the box if your child has a history of the following conditions. Mark additional information as needed.
Additional forms may need to be completed by your physician (marked with *). Forms available on school website under Health Services.

Asthma or Reactive Airway Disease
 •Triggers → Exercise Colds/Allergies Animals Smoke Weather Food Dust/Air Other: _____
 •Will the inhaler ever be needed at school? No Yes → **Asthma Action Plan***
 •Will the student carry their own inhaler? No Yes → **Authorization to Carry/Self-Administer* (BMS and BHS ONLY, Elementary Case by Case basis)**

Diabetes Type 1 Type 2
 •Does the student use insulin? No Yes → **Diabetic Medical Management Plan***
 -Does the student use a pen or a pump? Pen Pump
 •Does the student have glucagon? No Yes → At school → Office Backpack Locker

Seizure Disorder → Seizure Action Plan*
 •Does the student have rescue meds? No Yes → At school → Office Backpack Locker

Allergies [Food, Insect, Seasonal, Medication]
 •Is the student at risk for anaphylaxis at school? No Yes → **Allergy & Anaphylaxis Emergency Plan***
 •Will the student need a lunch accommodation? No Yes → **Diet Modification Form***
 •Does the student have an EpiPen? No Yes → At school → Office Backpack Locker
 •List allergies below: **If at school → Authorization to Carry/Self-Administer (BMS and BHS ONLY)***
 Food(s) → Peanut Tree Nut Eggs Milk Fish/shellfish Soybean Gluten Other: _____
 Insect stings Seasonal allergies Medication(s): _____ Other: _____

Heart Condition/Murmur/Disease/Surgery: _____
 Activity Restrictions (ongoing) → **Doctor's note required for explanation*:** _____
 ADD / ADHD Emotional and/or Behavioral Diagnoses → Anxiety Depression Other: _____
 Requires medication (list in chart below)
 Headaches / Migraines: _____
 Bowel/Bladder Concerns or Incontinence: _____
 Assistive Equipment → Glasses / Contacts Hearing Aids Wheelchair Other: _____
 History of Concussion / Head Injury: _____
 Other medical history or current medical/developmental concerns that could affect child's education (use back if necessary): _____

MEDICATIONS List ALL medications taken regularly at home or at school. Please specify frequency and reason for use. Use back if necessary.

Medication:	Dose:	Time(s) Taken:	Frequency:	School / Home	Reason for use:

BHS and BMS ONLY: I give permission to the school to administer over-the-counter medications: Acetaminophen every 4 hours Ibuprofen every 6 hours

I do NOT give permission to the school to administer any medications the school has available.
 I understand that any medication sent from home to be taken at school needs to be in the original labeled container and a Medication Authorization Form must be completed in order for it to be given. I understand that students may not carry any medications. I give permission to the school to contact my child's doctor/dentist to confirm appointments and authorize medications/plans of care as necessary. If an emergency should arise, I understand it is my responsibility to update any of the above information as needed. I understand this information is confidential but may be shared with appropriate school personnel when necessary for the child's safety or education.

Parent/Guardian Signature: _____ **Date:** _____