

**IMPORTANT: Please update the clinic when any changes occur!**

### Thomas County Schools – Student Information Update

**HOUSEHOLD INFORMATION:**

Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mother Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Father Email: \_\_\_\_\_

Please list all <u>students</u> residing in this household:	Date of Birth	School	Grade	Gender	Race
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PARENTAL INFORMATION:**

1) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (If different from student): \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (If different from student): \_\_\_\_\_

**EMERGENCY INFORMATION: Adults who may pick up student or be contacted in case of emergency if parent/guardian cannot be reached.**

1) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Lives with Student?: Yes No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**RESTRICTED CONTACT INFORMATION: List the names of any individuals who may NOT pick up your student. Legal documentation must be provided.**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Continue on back!**

**Asthma:**

Does your child have Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_  
Will your child require an inhaler (rescue breather) at school? Yes \_\_\_\_\_ No \_\_\_\_\_  
Will your child need to keep his/her inhaler with them during school hours? Yes \_\_\_\_\_ No \_\_\_\_\_  
List the name(s) of your child's asthma medication(s): \_\_\_\_\_  
List what may trigger an asthma attack in your child: \_\_\_\_\_

**Allergies:**

Please list any allergies that you are aware that your child may have: \_\_\_\_\_  
Is your child allergic to bee stings? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what type of reaction usually occurs? \_\_\_\_\_  
What type of treatment is required? \_\_\_\_\_  
Do you wish to give any special instructions in case of reaction? \_\_\_\_\_  
Will your child require keeping an Epi-pen at school for severe allergic reactions? Yes \_\_\_\_\_ NO \_\_\_\_\_

**General Health:** (Answer yes or no. If yes, please give details.)

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Seizures                    yes \_\_\_ no \_\_\_ \_\_\_\_\_  
Fainting spells            yes \_\_\_ no \_\_\_ \_\_\_\_\_  
Diabetes                    yes \_\_\_ no \_\_\_ \_\_\_\_\_  
Heart problems            yes \_\_\_ no \_\_\_ \_\_\_\_\_  
Kidney problems            yes \_\_\_ no \_\_\_ \_\_\_\_\_  
Physical impairments    yes \_\_\_ no \_\_\_ \_\_\_\_\_  
Other                        yes \_\_\_ no \_\_\_ \_\_\_\_\_

Medications presently taking: \_\_\_\_\_

Students will receive general First Aid, which may include a number of topical and some oral agents. Parents will not always be contacted for minor First Aid treatment unless the nursing office receives a request in writing from the parent. It is vital that the school nurse be made aware of any sensitivity or previous allergic reaction to any over-the-counter medication. Parents have the responsibility to inform the school of any changes in medication or medical condition. The school will not be held responsible for any medication lost by a student while transporting medication to school. **DO NOT SEND MEDICATION TO SCHOOL WITH STUDENTS.**

In case of serious illness/injury, the school will render first aid as prescribed by School Board Regulations while contacting the parent. If the situation is serious and a guardian cannot be found, the school will transport the child to Archbold Urgent Care Center or call 911 for the Emergency Medical unit to transport to the Archbold Memorial Hospital emergency room. Fees for transportation and medical services will be the responsibility of the parent/guardian.

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