

**ALPINE SCHOOL DISTRICT  
STUDENT HEALTH INFORMATION**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

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

Parent/Guardian Email: \_\_\_\_\_

Student Lives With: \_\_\_\_\_ Both Parent \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**MEDICAL HISTORY**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Current Medical Diagnosis (if any) \_\_\_\_\_

YES	NO	HAS YOUR CHILD EVER HAD (if yes, please describe)
_____	_____	Any serious allergies? (Please specify to what and how serious) _____
_____	_____	Asthma or breathing problems? How serious? _____
_____	_____	Orthopedic or bone problems? _____
_____	_____	Heart disease or murmur? _____
_____	_____	Kidney Disease? _____
_____	_____	Seizures? (Type and frequency) _____
_____	_____	Diabetes? (Insulin dependent or on an insulin pump?) _____
_____	_____	Serious or chronic disease? (i.e. Leukemia, transplant) _____
_____	_____	Has your child had the Chickenpox disease? _____
_____	_____	Serious accident/injury? _____
_____	_____	Vision exam? Date _____ By Whom _____ Results _____
_____	_____	Other health concerns? _____

**MEDICATION**

Is student on special medication that may need to be administered during school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type(s) and reason: \_\_\_\_\_

**\*\*If yes, a student medication authorization form must be completed by parent and physician and returned to the school before any medication can be given. This includes all OTC (over the counter) and prescription medications (including inhalers, epinephrine injectors, and insulin). You can obtain the form from the office.**

**IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR K-12 STUDENTS TO CARRY ANY MEDICATION—with the exception of inhalers, epinephrine injectors and insulin—with proper signed prescriber and parent authorization.**

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Signature of Parent/Guardian

Date

Please Note: The information requested is considered to be essential for planning a program each year which will meet the needs of your child. This information will be kept confidential and only persons working directly with your student (i.e. teachers, administrators, nurse) will have access to this information.