



BETHANY PUBLIC SCHOOLS STUDENT HEALTH INFORMATION

Student's Name _____ Grade _____
Last Name First Name Middle Name

Parent/Guardian: _____ Cell# _____ Work# _____

Parent/Guardian: _____ Cell# _____ Work# _____

Your student's conditions:	✓	Your student's conditions	✓	Your student's conditions	✓
ADD/ADHD		BLADDER/BOWEL PROBLEMS		SEIZURES:	
ALLERGIES: List all below		BLEEDING DISORDER/ ANEMIA		Last Seizure date:	
Food Allergies:		CANCER (Year____)		Seizure Rescue Meds:	
Medication allergies:		CHICKENPOX (Year____)		SINUSITIS , chronic	
Environmental allergies:		DISABILITIES		SKIN CONDITIONS	
Animal allergies:		DIABETES		STOMACH DISORDERS	
Latex allergies:		EARACHES , chronic		SURGERY	
Other allergies:		EMOTIONAL PROBLEMS		TUBERCULOSIS	
EPI-PEN Location:		HEADACHES		VISION:	
ARTHRITIS		HEARING LOSS		Glasses	
ASTHMA:		HEARING AIDES		Contacts	
List Triggers:		HEART CONDITION		OTHER	
INHALER Location:					
If there are NO known medical conditions, please check box:					

In case of an emergency, list all medications taken regularly and provide any additional information needed about health conditions checked above. (Please use back of form if necessary)

EMERGENCY AUTHORIZATION/CONSENT FOR OKLAHOMA STATE IMMUNIZATION INFORMATION SYSTEM

- In the event the parents or emergency contacts cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.
- I will not hold the school district financially responsible for the emergency care and /or transportation for said child.
- I give permission for the above health information to be released to school personnel deemed necessary to ensure my child's health and safety while at school.
- Upon a nurse's assessment, I authorize my child to receive first aid care which may include topical ointments, eye drops, and Benadryl (in the case of an allergic reaction).
- I authorize Bethany Public School employees to apply FDA approved sunscreen to my child as deemed necessary (field trips, etc.)
- I hereby authorize the Oklahoma Immunization Service to release by child's Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to Bethany Public Schools as needed to verify my child's immunization status.

Please contact the School Nurse's Office at 499-4615 with any questions or concerns.

Parent/Guardian Signature

Date