

**ALPINE SCHOOL DISTRICT**  
**STUDENT HEALTH INFORMATION SHEET**

STUDENT'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ GRADE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_  
STUDENT LIVES WITH: \_\_\_\_\_ BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER \_\_\_\_\_

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**MEDICAL HISTORY**

FAMILY DOCTOR \_\_\_\_\_ PHONE: \_\_\_\_\_  
CURRENT MEDICAL DIAGNOSIS (IF ANY) \_\_\_\_\_

YES	NO	HAS YOUR CHILD EVER HAD (IF YES, PLEASE DESCRIBE)
___	___	Any 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/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? _____

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**MEDICATION:**

IS STUDENT ON SPECIAL MEDICATION THAT MAY NEED TO BE ADMINISTERED DURING SCHOOL?  
YES \_\_\_ NO \_\_\_ IF YES, WHAT TYPE(S) AND REASON \_\_\_\_\_

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**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, EPIPENS AND INSULIN). YOU CAN OBTAIN THE FORM FROM THE OFFICE.**

**IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR STUDENTS TO CARRY ANY MEDICATION. THE ONLY EXCEPTION TO THIS IS INHALERS, EPIPENS AND INSULIN WITH THE 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.