NAPS STUDENT HEALTH FORM 2017-2018

Student Name _____ **DOB** _____ **Sex** _____

Emergency Care: If the school is unable to contact me, or my designated emergency contact, I authorize NAPS to seek appropriate emergency care for my child from qualified medical/emergency personnel. __ yes __ no

Medical Provider: Name _____ **Phone Number** _____
Date of last physical exam_____

Dental Provider: Name _____ **Phone Number** _____
Date of last dental exam_____

General Health Room Care:
I authorize NAPS to administer pectin lozenge when appropriate __ yes __ no
I authorize NAPS to administer Vaseline/lip balm when appropriate __ yes __ no
I authorize NAPS to administer lubricant eye drops when appropriate __ yes __ no

Health Assessment:
Has your child ever been evaluated for or diagnosed with any of the following? Comments are required for any "yes" answer (except "toilet trained").

Allergies (food, insect, drugs, latex, etc.)	__ yes __ no	Developmental Delay	__ yes __ no
Allergies (seasonal)	__ yes __ no	Autism	__ yes __ no
Asthma or breathing	__ yes __ no	Deaf-Blindness	__ yes __ no
Behavioral	__ yes __ no	Emotional Disturbances	__ yes __ no
Diabetes	__ yes __ no	Hearing Impairment	__ yes __ no
Eyes or vision	__ yes __ no	Intellectual Disability	__ yes __ no
Head injury	__ yes __ no	Multiple Disabilities	__ yes __ no
Heart	__ yes __ no	Orthopedic Impairment	__ yes __ no
Life threatening allergic reactions	__ yes __ no	Other Health Impairment (e.g.: ADD, ADHD,	
Limits on physical activity	__ yes __ no	or an acute health problem)	__ yes __ no
Seizures	__ yes __ no	Specific Learning Disability (e.g.: dyslexia,	
Toilet trained 100%	__ yes __ no	dyscalculia, and/or dysgraphia)	__ yes __ no
		Speech or language impairment	__ yes __ no
		Traumatic brain injury	__ yes __ no
		Visual impairment (including blindness)	__ yes __ no

Previous Surgeries_____

Menstruation __ yes __ no Date of onset_____

Comments_____
_____
_____
_____

Does your child have any **dietary** issues, restrictions, or preferences? __ yes __ no

Describe_____

If yes, does this restrict your child from partaking in classroom/birthday treats? __ yes __ no

Comments_____

CONTINUED ON BACK

Medications:
Does your child require any special treatments (epinephrine, inhaler, etc.)? __ yes __ no
Describe_____
Does your child take prescription or over-the-counter medication **at any time**? __ yes __ no
Describe_____
Does your child require prescription or over-the-counter medication, either daily or as needed, **during the school day**?
__ yes __ no
Describe_____

All medications, both prescription and over-the-counter **MUST** have the School Medication Administration Authorization Form filled out (**physician and parent signatures required**).

All medications, both prescription and over-the-counter, must be registered in the health room and administered by school staff. Students may not self-medicate during the school day.

Immunization records are required EVERY year for ALL students prior to the start of school.

New Students: a complete immunization record is required **prior to the start** of school.

Returning students who received shots during the past year must provide an updated immunization record **prior to the start** of school.

Returning students who have not received shots in the past year need to fill only the space for the child's **NAME** and **GRADE** on the immunization certificate and write in large letters across the record: **NO CHANGE**.

Immunization records must be completed by a health care provider. Computer-generated forms are acceptable.

**** Immunization records must be submitted by the first day of school. ****

Other Health Concerns: Please describe any known health issues not otherwise noted on this form, regardless of how minor.

_____
_____
_____
_____

Students with noteworthy health concerns may require a medical staff meeting prior to the first day of school. **All medications and forms must be up to date and on hand the first day of school.**

Printed Parent Name_____

Parent Signature_____ **Date**_____

All forms are available online at www.napschool.com and in the Parent Dropbox