

PORTLAND PUBLIC SCHOOLS

**HEALTH ALERT INFORMATION**

It is important that the school nurse have up-to-date health information regarding your child. Providing this information ensures that your child will receive appropriate medical care during the school year, especially in the event of emergencies. Confidential health information is shared with school personnel responsible for the supervision of your child in the classroom and on the playground on a need-to-know basis only.

In an effort to update our records for the current school year, we are asking that you **complete** the form below and list any health problem(s).

**(IF NO PROBLEMS, CIRCLE "C")**

A. **Major problems:** those which are considered to be life threatening, such as; bee sting allergies with a systemic reaction, food allergies, seizure disorders, diabetes, asthma, cardiovascular disorders, etc.

B. **Minor problems:** those which are not life threatening but should be of concern in the school setting, such as; hearing/vision disorders which may require preferential seating, orthopedic problems, bladder disorders, psycho/social issues, etc. **Also, please list any medications your child takes on a daily basis.**

C. **No problems**

Please notify your child's school nurse in writing whenever any problem or change in his/her health status is encountered.

**PLEASE COMPLETE THE SECTION BELOW AND RETURN THIS FORM TO SCHOOL NURSE WITHIN THE FIRST WEEK OF SCHOOL.**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

A. Major problem(s)

B. Minor problem(s)

C. No problems

I give permission to share this important medical information with school personnel responsible for my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_

