

# HEALTH INVENTORY FORM      School Health Nursing Staff      Chariton County Health Center

Please complete. This information is used to contact you if your child becomes ill or injured during school hours. All information is confidential and will only be shared with faculty as is absolutely necessary.

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

Student Name \_\_\_\_\_ Sex \_\_\_\_ Birthdate \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street/PO Box City Zip

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Employer(s) \_\_\_\_\_ Phone(s) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physical Exam in past 12 Months? Yes \_\_\_\_ No \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Dentist's Name \_\_\_\_\_ Dental Exam in past 12 Months? Yes \_\_\_\_ No \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Eye Care Provider: \_\_\_\_\_ Eye Exam in past 12 Months? Yes \_\_\_\_ No \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Does your child have health insurance? Yes ☐ No ☐ Medicaid/MC+? Yes ☐ No ☐

(Please indicate your child's health insurance. If your child has no health insurance or this section is left blank, you will receive information on MC+ For Kids.)

## Neighbor or Relative to be called in case parents/guardians cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies to medicine or foods? Yes ☐ No ☐ If YES, to what and describe reaction

Does your child have any health problems or medication that the nurse/teacher should be aware of? Yes ☐ No ☐

If the answer is "YES", please specify. (use back of sheet if needed)

Please list type and date of any immunizations(vaccines or shots)/surgeries/hospitalizations since school dismissal in May

**NOTE: No medicine of any kind can be given at school unless supplied by parent and accompanied by written permission and instruction. All medication must be brought to school by parent/guardian.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE WITH YOUR CHILD BEFORE**