UNION ACADEMY
Challenge. Character. Community.

Union Academy Charter School
Dr. Ann Walters, Headmaster

Nursing Department – Mandatory Medical Form

(One form must be completed per child)

Student Information:

Date: _____ / _____ / _____ Grade: _____ Date of Birth: _____ / _____ / _____

Student Name: _____ / _____
Last First Middle Preferred Name

Parent/Guardian Names: _____

Home Phone: _____ Mother Cell: _____ Mother Work: _____

E-Mail: _____ Father Cell: _____ Father Work: _____

Perferred Contact Method: ◯ E-Mail ◯ Cell Phone ◯ Work Phone

Emergency Contact Person: _____ Phone: _____

Drug Allergy(s): ◯ None Known ◯ Yes (List): _____

Primary Physician: _____ Office Phone: _____

◯ **My child has NO KNOWN MEDICAL CONDITIONS.** (You may stop here, if there are no known medical conditions and your child does not need medicine at school. ***Please sign at the bottom and return.***)

Student Medical Information:

◯ **Asthma** Triggers: ◯ Environmental/Seasonal ◯ Exercise ◯ Upper Respiratory Infection
◯ Other: _____
Does student need inhaler available at school? ◯ Yes (Requires **Medication Consent**) ◯ No
Inhaler Location: ◯ Health Room ◯ Classroom ◯ Student (Requires **Self-Carry Form**)

◯ **Diabetes** ◯ Type I ◯ Type II Date Diagnosed: _____ Insulin By: ◯ Pump ◯ Injections
Is student independent with care? ◯ Yes ◯ No

◯ **Allergies** Food: ◯ Peanuts ◯ Tree nuts ◯ Milk ◯ Others: _____
Severe Sting: ◯ Bees ◯ Wasps ◯ Ants ◯ Others: _____
Please list type of reaction: _____
** Notify your school nurse & teacher(s) if anaphylaxis may occur, & bring medication with consent by first day of school.

◯ **Seizure Disorder** (Explain): _____

◯ **Does your child have a history of head injury/concussion in the last year?** (Explain): _____

◯ **ADHD, ODD, Anxiety** (Explain): _____

◯ **Other Conditions:** _____

Does your child take any routine medication(s)? ◯ No ◯ Yes List medications: _____

_____

Does your child need medication(s) at school? If your child needs medications at school, please provide the appropriate medication and consent forms. The medication policy and consent forms may be found on the Union Academy website or contact your school nurse.

◯ No ◯ Yes List medications:

The information in this form is accurate to the best of my knowledge & I give permission to the School Staff/School Nurse to share information regarding my child's medical condition(s) with pertinent school employees, my physician or emergency personnel. I also give Union Academy permission to call 9-1-1 & have my child transported to a hospital if emergency care is needed.

Parent/Legal Guardian: _____ **Date:** _____
Signature

This form will serve as an Individual Health Plan and be distributed to pertinent school employees. A more detailed Individual Health Plan will be developed by the nurse in order of medical priority or per your request.