Bettendorf Community Schools Student Health Registration • School Year: _____

Student's Name: _____ **Date of Birth:** _____ **Grade:** ____ **Gender:** ____

When child is ill or injured, please list which parent/guardian the school should notify first. Please list in preferred order of contact.

#1) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

#2) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

In case parent can't be reached, please contact the individual below: This person has agreed to assume this responsibility and is local.

#3) Name: _____ Relationship: _____ Cell#: _____ Work#: _____

Child's Doctor: _____ Phone #: _____ Preferred Hospital: _____

Child's Dentist: _____ Phone #: _____ Orthodontist: _____

Type of Health Insurance: ☐Private ☐Title 19/Medicaid ☐Hawk-I ☐No Health Insurance ☐Other: _____

HEALTH CONCERNS *Mark the box ☒ if your child has a history of the following conditions. Mark additional information as needed.*
Additional forms may need to be completed by your physician (marked with *). Forms available on school website under Health Services.

☐ **Asthma or Reactive Airway Disease**
- •Triggers→ ☐Exercise ☐Colds/Allergies ☐Animals ☐Smoke ☐Weather ☐Food ☐Dust/Air ☐ Other: _____
- •Will the inhaler ever be needed at school? ☐ No ☐ Yes → **Asthma Action Plan***
- •Will the student carry their own inhaler? ☐ No ☐ Yes → **Authorization to Carry/Self-Administer* (BMS and BHS ONLY, Elementary Case by Case basis)**

☐ **Diabetes** ☐Type 1 ☐Type 2
- •Does the student use insulin? ☐ No ☐ Yes → **Diabetic Medical Management Plan***
- -Does the student use a pen or a pump? ☐ Pen ☐ Pump
- •Does the student have glucagon? ☐ No ☐ Yes → ☐At school → ☐Office ☐Backpack ☐Locker

☐ **Seizure Disorder → Seizure Action Plan***
- •Does the student have rescue meds? ☐ No ☐ Yes → ☐At school → ☐Office ☐Backpack ☐Locker

☐ **Allergies** [Food, Insect, Seasonal, Medication]
- •Is the student at risk for anaphylaxis at school? ☐ No ☐ Yes → **Allergy & Anaphylaxis Emergency Plan***
- •Will the student need a lunch accommodation? ☐ No ☐ Yes → **Diet Modification Form***
- •Does the student have an EpiPen? ☐ No ☐ Yes → ☐At school → ☐Office ☐Backpack ☐Locker
- •List allergies below: If at school → **Authorization to Carry/Self-Administer (BMS and BHS ONLY)***

☐Food(s)→ ☐Peanut ☐Tree Nut ☐Eggs ☐Milk ☐Fish/shellfish ☐Soybean ☐Gluten ☐Other: _____

☐Insect stings ☐Seasonal allergies ☐Medication(s): _____ ☐Other: _____

☐ Heart Condition/Murmur/Disease/Surgery: _____

☐ Activity Restrictions (ongoing) → **Doctor's note required for explanation***: _____

☐ ADD / ADHD ☐ Emotional and/or Behavioral Diagnoses → ☐Anxiety ☐Depression ☐Other: _____
☐ Requires medication (list in chart below)

☐ Headaches / Migraines: _____

☐ Bowel/Bladder Concerns or Incontinence: _____

☐ Assistive Equipment → ☐Glasses / Contacts ☐Hearing Aids ☐Wheelchair ☐ Other: _____

☐ History of Concussion / Head Injury: _____

☐ Other medical history or current medical/developmental concerns that could affect child's education (*use back if necessary*): _____

_____

_____

MEDICATIONS *List ALL medications taken regularly at home or at school. Please specify frequency and reason for use. Use back if necessary.*

Medication:	Dose:	Time(s) Taken:	Frequency:	School / Home	Reason for use:

☐ **BHS and BMS ONLY:** ***I give permission*** *to the school to administer over-the-counter medications:* ☐ *Acetaminophen every 4 hours* ☐ *Ibuprofen every 6 hours*

☐ ***I do NOT give permission*** *to the school to administer any medications the school has available.*

I understand that any medication sent from home to be taken at school needs to be in the original labeled container and a Medication Authorization Form must be completed in order for it to be given. I understand that students may not carry any medications. I give permission to the school to contact my child's doctor/dentist to confirm appointments and authorize medications/plans of care as necessary. If an emergency should arise, I understand it is my responsibility to update any of the above information as needed. I understand this information is confidential but may be shared with appropriate school personnel when necessary for the child's safety or education.

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