

**International Charter School  
Health information Sheet  
2010**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Grade \_\_\_\_\_ Class Section \_\_\_\_\_

**PROVIDER INFORMATION:**

Pediatrician/Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Does your child have a dentist? Yes \_\_\_\_\_ No \_\_\_\_\_  
Dentist name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_  
**Date of last dental exam** \_\_\_\_\_

**ALLERGIES:**

Does your child have allergies to the following: (Please check)  
Foods: \_\_\_\_\_ Medications: \_\_\_\_\_ Other: \_\_\_\_\_  
Please List: \_\_\_\_\_  
Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_  
Any food intolerance or restrictions? Yes \_\_\_\_\_ NO: \_\_\_\_\_  
Please explain: \_\_\_\_\_  
**\*Food restrictions require a physician note.**

**HEALTH CONDITIONS/CONCERNS:**

Does your child have any special health conditions/concerns? YES \_\_\_\_\_ NO \_\_\_\_\_  
**Does your child have:**  
Asthma \_\_\_\_\_ ADHD/ADD \_\_\_\_\_ Diabetes \_\_\_\_\_  
Seizure disorder \_\_\_\_\_ Other: \_\_\_\_\_

**MEDICATIONS:**

Does your child take any medications? Yes \_\_\_\_\_ NO \_\_\_\_\_  
Please list: \_\_\_\_\_  
Does your child require medication at school? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
**Please list:** \_\_\_\_\_  
**Medication required on ICS field trips? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**\*If medication is required at school, please complete a medication administration form.  
\*All medications required at school must be hand carried in by a  
parent/guardian/responsible adult. Also, prescription medications require a physician  
order.**

My child, \_\_\_\_\_ has permission to take the below  
medication if needed. The school nurse will administer or school Director. Will  
contact parents to obtain verbal consent as well.

Children's Tylenol Yes \_\_\_\_\_ No \_\_\_\_\_  
Children's Advil Yes \_\_\_\_\_ No \_\_\_\_\_

Please sign below to give the nurse permission to share this information with appropriate school personnel. This information  
will be shared on a "need to know" basis. In the event of an accident or emergency, your signature and authorization will give  
the school permission to take whatever precautionary steps the principal/school nurse deem necessary.  
Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_