

Summit Preschool School Health Information

(completed by Parent)



Student Full Name _____	Date of Birth _____	
Does your family have Medical Insurance?	Yes	No
Does your family have Dental Insurance?	Yes	No
Are you in need of Community Services? (Food/Clothing /Medical assistance)	Yes	No
Does your child need special assistance at school?	Yes	No
If yes, Explain:	_____	

Rule 3301-37-07 of the State of Ohio Administrative code specifies the requirements for administrating medication to children in preschool programs in a public school. A separate form must be completed. This form must be completed for each medication and a log kept of all dispensing or applications.

Does your child require any of the following medications?
Inhaler EpiPen Diabetic supplies Seizure medication
Other than listed above, does your child require other ongoing/ routine medical care or medication?
No Yes, explain _____
If so, that indicates your child may require an Emergency medication during the day. An Emergency Medical Action Plan is required from your child's Doctor.

If your child must take medication at school, please request a Medication Authorization form to be completed by you and your child's physician.

Does or has your child had tubes in their ears?	Yes	No
If yes, please explain (how many and date)		
Does your child wear glasses?	Yes	No
Do you have any developmental concerns for your child?	Yes	No
If yes, please explain:		

Additional comments:
Please add any comments or concerns you have about your child's health, development, behavior, family, or home life that you would like the school to be aware of.

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If you have questions about your child's health, or community services that may be available to you please contact the preschool office and ask for the school nurse.

Parent Signature _____ Date _____