



Liberty Academy Student Health Information

2011-2012

PLEASE COMPLETE INFORMATION ON ALL HEALTH ISSUES

STUDENT'S NAME _____ **GRADE** _____

VISION

Known eye condition (other than corrective lenses)

Wears glasses _____ Contacts _____

DENTAL (list all)

HEARING

Known hearing problems _____

Has tubes in ears _____ Using hearing aids _____

ALLERGIES (list)

Food _____
 Environmental _____
 Medication _____

Does student have any condition which may result in a classroom emergency? Yes _____ No _____

Does student have a physical condition which limits participation in:

Classroom Activity _____ Physical Education _____

Explain _____

Please be aware that students cannot carry any type of medicine prescription or non-prescription (including inhalers) without proper paper work filled out and turned into the office. This paperwork needs to be filled out every year.

GENERAL MEDICAL CONDITIONS:

Condition Please check all that apply	Please list medications needed to be administered at school daily	Please list medications carried with student (proper forms must be filled out)	Please list medications to be kept for student, when need arises, in a locked cabinet in the office
Asthma _____			
Epilepsy _____			
Fainting spells _____			
Diabetes _____			
Heart Condition _____			
Migraines _____			
ADHD _____ ADD _____			
Other _____			

PRIMARY CARE PHYSICIAN _____ PHONE _____

DENTIST _____ PHONE _____

*PREFERRED HOSPITAL _____

*911 MAY NOT ALWAYS HAVE A CHOICE AS TO WHICH HOSPITAL TO TAKE A PATIENT