



POWHATAN COUNTY
PUBLIC SCHOOLS

Inspiring · Empowering · Innovating

4290 Anderson Highway
Powhatan, Virginia 23139
804-598-5700
www.powhatan.k12.va.us

Eric L. Jones, Ph.D.
Division Superintendent

STUDENT NAME: _____ DOB: _____ GRADE: _____

HOSPITAL PREFERENCE: _____ DOCTOR: _____ PHONE: _____

CURRENT MD DIAGNOSED MEDICAL CONDITIONS:

(Please see the school nurse to discuss your child's medical condition and to complete a health care plan.)

PLEASE CHECK ALL THAT APPLY:

| | | | | |
|-------------------------------|--------------------------------|--------|-----------|----------------------|
| _____ ASTHMA | requires inhaler | ___yes | ___no | |
| _____ DIABETES | Type 1 | _____ | Type 2 | _____ |
| _____ FOOD ALLERGY/ SEVERE! | _____ | _____ | _____ | Epipen: ___yes ___no |
| | food | | reaction | |
| _____ INSECT ALLERGY/ SEVERE! | _____ | _____ | _____ | Epipen: ___yes ___no |
| | insect | | reaction | |
| _____ LATEX ALLERGY/ SEVERE! | _____ | _____ | _____ | Epipen: ___yes ___no |
| | reaction | | | |
| _____ SEIZURE DISORDER | takes daily medication at home | _____ | at school | _____ |
| _____ MEDICATION ALLERGY | _____ | _____ | _____ | _____ |
| | medication | | reaction | |
| _____ OTHER | _____ | _____ | _____ | _____ |

DAILY MEDICATION TAKEN AT HOME: _____

DAILY MEDICATION TAKEN AT SCHOOL: (any prescription medication given at school requires a physician's written statement and parental consent form.)

ACTIVITY RESTRICTIONS: (REQUIRES A NOTE FROM THE PHYSICIAN/PARENT TO THE PE TEACHER):

****REMEMBER-STOCK EPIPENS DO NOT GO ON FIELDTRIPS...ALSO.... STOCK EPIPENS ARE NOT FOR USE OUTSIDE OF SCHOOL HOURS - IF STUDENT REQUIRES HIS/HER OWN EPIPEN-PARENT MUST PROVIDE****

_____ *****STUDENT HAS NO MD DIAGNOSED HEALTH PROBLEMS**

Parent Signature

Date