



Rolling Hills Public Charter School
2018-2019 Student Health Information Form
 Please complete one form for *EACH* student enrolled at RHPCS

The following information is requested so that we can better assist your child in case of any medical concern that may arise while your child is at school. The information may be shared with school personnel when needed to assist with your child's education or health/safety. The information may be shared with emergency services personnel if the need arises.

Student's Name: _____ Gender: Male [] Female []

Grade: _____ Date of Birth: _____ Age: _____

Has your child had all the immunizations required for Idaho school attendance*? Yes [] No []

If your response is no: Contact the school office to discuss conditional admission or to complete and submit the currently required Idaho Certificate of Immunization Exemption form.

*Parent/guardian must provide immunization record to school for verification prior to school attendance.

Has your child ever had Chicken Pox? Yes [] No []

Does your child have any known allergies? Yes [] No []

If yes, please explain the nature and severity of the allergy: _____

Recommended action in case of allergy occurrence/reaction: _____

Does your child have any specific medical condition or physically limiting disorder that we should know about?

Yes [] No [] If yes, please explain _____

Is your child currently taking any medication (prescription, non-prescription, or supplement) on a regular basis?

Yes [] No [] If yes, please detail medication, dosage, and purpose for each: _____

Will it be necessary for your child to take prescription medication at school?* Yes [] No []

*Medications of any sort taken at school provided to school in original labeled prescription container(s), kept at the office and dispensed by school personnel. Contact the school office to complete necessary authorization form(s).

Does your child wear glasses _____ or contact lenses _____? Yes [] No []

Does your child have hearing difficulty or a hearing loss? Yes [] No []

If yes, please explain: _____

Child's Primary Physician: _____ Phone#: _____

Doctor's Office Location: _____

In case of a medical emergency, the school has my permission to call emergency services and/or take my child to the nearest hospital. Notes/Requests: _____

Signature of parent/guardian: _____ Date: _____

Use the back side of this form if additional space is needed for entries.

The information provided on this form is accurate and complete to the best of my knowledge.

Signature of parent/guardian: _____ Date: _____