

# Indian Springs School District 109 Health History Form

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

If your student has ever had any of the following please check:

- |   |   |
|---|---|
| <input type="checkbox"/> Allergies – Seasonal/Hay fever     | <input type="checkbox"/> Growth or Development Problems |
| <input type="checkbox"/> Allergies: Life Threatening        | <input type="checkbox"/> Headaches                      |
| <input type="checkbox"/> ADD/ADHD                           | <input type="checkbox"/> Hearing Concerns               |
| <input type="checkbox"/> Anemia or other Blood Products     | <input type="checkbox"/> Heart Problems                 |
| <input type="checkbox"/> Asthma                             | <input type="checkbox"/> Kidney Problems                |
| <input type="checkbox"/> Behavior Concerns                  | <input type="checkbox"/> Learning Concerns              |
| <input type="checkbox"/> Blood Pressure Concerns- High/ Low | <input type="checkbox"/> Orthopedic Problems            |
| <input type="checkbox"/> Cancer                             | <input type="checkbox"/> Premature or low birth weight  |
| <input type="checkbox"/> Chronic Diarrhea/Constipation      | <input type="checkbox"/> Sickle Cell Disease            |
| <input type="checkbox"/> Chronic Ear Infections             | <input type="checkbox"/> Seizure Disorder               |
| <input type="checkbox"/> Depression                         | <input type="checkbox"/> Sleep Concerns                 |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Toothache/Dental Concern       |
| <input type="checkbox"/> Emotional/Psychological Concerns   | <input type="checkbox"/> Vision Problems                |

Please explain if you checked any of the above boxes – include severity, triggers, allergies and medications. You may use the reverse side of this paper to complete your answers.

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**SPECIAL NOTE:** If your child needs to take any medications at school; including emergency medications (inhaler or Epi-pen) then you must have a completed Medication Authorization form of file. You may also be asked to have your physician complete an Emergency Action Plan(s) for your child. These forms are available in your school Health Office.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INDIAN SPRINGS SCHOOL DISTRICT #109

Cover Sheet for Five (5) Parental Acknowledgement Items

Attached to this cover sheet are forms that correspond to the first four (4) parental acknowledgement items below. Please read through these forms thoroughly and retain them for your future reference. **It is important that you sign below, acknowledging your receipt of the attachments, write in your child's name, and supply the date of your acknowledgement on the lines provided. It is only necessary for you to return this completed cover sheet with your advanced registration materials by the specified due date.**

Item #1: Student and Staff Safety Guidelines

Item #2: Cafeteria Rules

Item #3: Bus Rules

Item #4: Network Access Policy

Item #5: Student/Media Consent

It is important that we have this information on file at your child's school. Please place a check mark in one of the two boxes:

I grant permission

I do not grant permission

...for my child to be photographed, video taped, audio taped, and to be identified in school-related pictures or news articles that appear in the media, including, but not limited to, newspapers, school/school district newsletters, radio, yearbook, television/cablevision, and District #109 websites. Additionally, I hereby give consent to District #109 to use creative works generated and/or authored by my child on the internet, educational CD, or any other electronic/digital media. I understand that my child may be identified via any one or more of the above means by first and/or last name. Finally, I consent to District #109's use of my child's photograph, likeness, or voice on the internet, educational CD, or any other electronic/digital media.

District #109 reserves the right to release or publish photographs or videotapes where your student is not featured but appears in the background, such as when a video camera pans the classroom. Parent authorization is not required for the release or publication of such background shots of students. Similarly, parent authorization is not required for the release or publication of audience photographs or videotapes at extracurricular activities, such as crowd pictures at a school athletic event. Whether taken by District #109 or others, videotapes or photographs of students participating in extracurricular activities (e.g., athletic events, theatrical productions, music performances), which by their very nature involve exposure to the public, may be released or published without written authorization from parents. District #109 has no ability to restrict the use of student images where it is obtained at an event open to the public and placed on a medium that is not sponsored by District #109 (e.g., a photograph taken by a journalist and published in the local newspaper).

Thank you for your cooperation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date