

# JORDAN SCHOOL DISTRICT – STUDENT HEALTH PROFILE

THIS CARD SERVES AS AN EMERGENCY REFERENCE ONLY. Please refer to Box A to request a special Health Care Plan for your child. A separate card should be filled out and returned to the school for each student. If the student has no health problems, fill in the top portion and check "none" (#1 below).

Year \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M  F

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any serious health concerns?

Yes

1. None
2. Asthma
3. Diabetes
4. Seizures
5. Life threatening allergies
6. Allergies to medications
7. Chronic Conditions

Briefly describe current medical problems that may result in an emergency at school.

Does your child ride the bus? Yes  No

**BOX A.** If your student requires the District nurse to complete an Individualized Health Care Plan, you must obtain a *Jordan School District Request for Special Health Care Services and Release of Confidential Information Form* and return it directly to your school principal.