

Health Room Information 2022 - 2023 (Complete LAST after all other Health Forms)

Student Name:		Grade:
Health Forms Completed:	Required for the Current Sci	hool Year; Check all that apply
Part I - Health Assessm	ent Up-to-Date	Immunization Record
Part II - Health Assessm	nent Medication	Administration Orders*
Allergies:		
Medication(s) are to be admir Medication(s) are <i>only</i> admin	_	
Medical Conditions:		
Medication(s) are to be admin Medication(s) are only admin Special Concerns:	istered at home by Parent/Gu	ardian.
		hers, Guidance, Administrators
Order of Contact for Heal	th Room Nurses to Infor	m of Sickness/Concerns:
1	Relation to Student	Preferred Phone Number
2	Relation to Student	Preferred Phone Number
3	 Relation to Student	Preferred Phone Number