POWHATAN COUNTY
PUBLIC SCHOOLS
Inspiring · Empowering · Innovating

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

Dr. Beth Teigen
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