



**Health Services Department**

12465 Warwick Boulevard, Newport News, VA 23606

Phone: 757-591-4646 Fax: 757-595-2017

## STUDENT HEALTH INFORMATION SHEET

Date: \_\_\_\_\_ School: \_\_\_\_\_ Student #: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Newport News Public School Attended: \_\_\_\_\_ Year: \_\_\_\_\_

Does your child have any chronic or medical problems (allergies, asthma, diabetes, migraines, etc.)? If so, please list: \_\_\_\_\_

\_\_\_\_\_

Is he/she under a medical provider's care for these or other medical problems? \_\_\_\_\_

\_\_\_\_\_

Does your child take any medications and needs to take them or have available at school (such as asthma inhaler, epi pen, Ritalin)? If so, please list: \_\_\_\_\_

\_\_\_\_\_

*For any medication (prescription and/or over the counter) to be given at school, you must provide a current doctor's order. Orders must be renewed at the beginning of every school year. It is important to let your school nurse know what medications your child takes in case of an emergency.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Phone # where you can be reached

**Please contact the school nurse if your child has any medical problems that need attention during school hours or that may impact his/her ability to learn.**

### SUMMARY OF SCREENING FOR INITIAL ENROLLMENT

Speech/Language/Voice		
DATE: _____	TESTING ADMINISTRATOR: _____	
PASS: _____	FAIL: _____	
Fine Motor/Gross Motor		
LOCATION of TESTING: _____	TESTING ADMINISTRATOR: _____	
FM - PASS: _____	FAIL: _____	DATE: _____
GM - PASS: _____	FAIL: _____	DATE: _____

**Additional Health Information available electronically within the Student Information System**

- Medication/Treatment Orders
- Clinic Logs
- Health Screenings

**Student Health Cards – phased out 07/01/2014** and maintained in Part I of the Student's Educational Record.