

STUDENT HEALTH HISTORY
ELEMENTARY & MIDWAY
(Preschool through 5th grade)
Deuel School District # 19-4

STUDENT'S LAST NAME	FIRST NAME	SEX: F M	BIRTHDATE
PARENT/GUARDIAN	PHYSICIAN	CLINIC	

Is your child covered by health insurance?

- YES
- NO: If no, would you like information on available resources? Yes/No

YES NO

- Any significant health concerns, diseases or conditions (asthma, seizures, diabetes, etc.) which should be known by the school?
If YES, describe:
- Any needs, modifications, or specific restrictions required in the school setting?
If YES, describe:
- Are there any medical emergencies that may occur because of your child's health condition?
- Would you like to discuss any concerns regarding your child's health with the school nurse?

- **Immunization Records:** The South Dakota Immunization Information System (SDIIS) is an automated system to record vaccination records. SDIIS gives you access to your child's immunization record from any participating South Dakota health care provider. Immunization records received by the school will be entered into the registry. If you choose not to share your child's record, please contact the school nurse within two weeks to request a refusal form.
- **Release of Information/Notice of Privacy:** In order to provide a safe and healthy environment for your child, this health information will be provided to appropriate school staff. If you would like to review the Notice of Privacy Practices from the South Dakota Department of Health, please refer to the website: <https://doh.sd.gov/documents/HIPAANotice.pdf>.
- **Emergency:** In the event physicians, parents, or designated emergency contacts cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. Responsibility for payment of ambulance, physician, and/or hospital expenses is that of the parent/guardian. I give permission to medical personnel to provide emergency health care.

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT'S NAME: _____

School Year: _____ - _____

Grade: _____

NO CHANGES to my child's health history.

CHANGES to my child's health history include: _____



PARENT/GUARDIAN SIGNATURE

DATE

School Year: _____ - _____

Grade: _____

NO CHANGES to my child's health history.

CHANGES to my child's health history include: _____



PARENT/GUARDIAN SIGNATURE

DATE

School Year: _____ - _____

Grade: _____

NO CHANGES to my child's health history.

CHANGES to my child's health history include: _____



PARENT/GUARDIAN SIGNATURE

DATE

School Year: _____ - _____

Grade: _____

NO CHANGES to my child's health history.

CHANGES to my child's health history include: _____



PARENT/GUARDIAN SIGNATURE

DATE