KNOX COUNTY SCHOOLS

Student Medical ProfileThis information will be used by the school nurse to provide care for your child.

Date:			
Student's Name: (Last)		(First)	(Middle)
Grade: Home	room:		
·			YesNo. If yes, please explain:
Does the student require a dail	v medical procedure perfo	rmed by a school nurse? If	so explain:
What medications, if any, does	the student take?		
Does the student seem to have	e vision, hearing or speech	problems?Yes	_No. If yes, please explain:
The student has a history of (C	Check any that apply): C= 0	Current P= Past	
C P	СР	СР	C P
□ □ ADD/ADHD	□ □ ADD/ADHD	☐ Down's S	yndrome ☐ ☐ Shunts/hydrocephalus
☐ Amputation(s)	☐ ☐ Celiac disease	☐ ☐ "G" / "J" fe	eeding tubes
☐ ☐ Asthma/reactive airway disease	☐ Cerebral palsy	☐ ☐ Heart defe	ects
	☐ Crohn's Disease	e ☐ Hemophili	ia 🔲 🗆 Swallowing problems
Requires inhaler (Please provide school)	☐ Cystic fibrosis	☐ ☐ Migraine I	headache \Box Tracheotomy
☐ ☐ Allergies:	☐ Diabetes	☐ Muscular	dystrophy
Bee stings		☐ Spina bific	da Syndrome □ □ Traumatic spinal injury
Food:		☐ ☐ Orthoped	
Latex		□ □ Sensitivity	
Requires Epi-pen (p	lease provide school)	☐ ☐ Seizure d	
If any are checked above	e, please explain:		
	•	•	ation so that any emergency can be handled
appropriately. Summarize any s	special medical conditions:	-	
			red yes and you want your child to eat at school
olease obtain and have your chi			
			Date:
Relationship to the student			