NEWPORT NEWS PUBLIC SCHOOLS

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.