SPRINGS PUBLIC SCHOOLS TN
EMPOWER ACADEMY

HEALTH INFORMATION

STUDENT

Name _____ Date of Birth _____

Incoming Grade _____ Gender ☐ Male ☐ Female

PARENT / GUARDIAN

Parent / Guardian _____ Phone _____

Email _____

Parent / Guardian _____ Phone _____

Email _____

EMERGENCY CONTACTS

Emer. Contact #1 _____ Phone _____

Emer. Contact #2 _____ Phone _____

HEALTH HISTORY

☐ Asthma ☐ Anxiety ☐ Diabetes ☐ Physical Limitations

☐ Heart Condition ☐ Depression ☐ Seizures ☐ Other

☐ Vision Concerns - Glasses Y/N ☐ Hearing Concerns - Hearing Aide Y/N - Ear Tubes Y/N

Please Explain (include triggers if known) _____

ALLERGIES - MINOR AND SEVERE

☐ Medication ☐ Food ☐ Insects/Animals ☐ Environmental ☐ Other ☐ No Known Allergies

Have they ever had trouble breathing, facial or throat swelling or needed Emergency services because of an allergic reaction? **Yes No**

Please provide information about allergies _____

MEDICATIONS

Emergency Medications _____ ☐ None Taken

Daily Medications at Home _____ ☐ None Taken

Hospitalizations / Surgeries _____

IMMUNIZATIONS AND SCREENINGS

☐ Immunizations current and on file ☐ Exemption on File ☐ Process of Updating Immunizations

Permission for routine school screenings ☐ Yes ☐ Do Not Screen

Basic screening is conducted for grades K, 2, 4, and 6. Screenings include height/weight, vision, hearing and blood pressure. (Blood pressure is not done on Kindergarten)

Parent/Guardian Signature_____ **Date** _____

This information is confidential and used solely for student health and safety purposes. Please read health office guidelines and contact with any questions.

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