



SECONDARY HEALTH ENROLLMENT FORM

Student's Last Name _____ First Name _____

Date Of Birth _____ Date _____ Current Grade _____

Health Care Provider _____

Has your child attended a Boise School in the past? Yes ____ No ____

Does your child have a 504 Plan _____ or an IEP _____?

What major changes or events in your family situation have occurred this year? Moving _____

Divorce _____ Death of a family member _____ Serious illness or accident _____ Other _____

Immunizations: Immunizations must be on file with the school in order for your child to attend school. If your student has received immunizations recently, please provide updated vaccination records.

Has your child ever had "Chicken Pox" (Varicella)? Yes ____ No ____ If yes, date _____

Does your child have health insurance? Yes ____ No ____ Medicaid? Yes _____ No _____

Date of last physical exam: _____

Does your child have any health or emotional concerns? _____

Does your child have any severe allergies? Yes ____ No ____ If yes, what kind? _____

Does your child take medication? If yes, please list current medications: _____

If medications will be taken at school, please list the medications, dosage, and times to be given:

Medication: _____ Dosage: _____ Time(s) Given: _____

Health Care Provider who prescribes these medications: _____

Please sign below if you will allow the school nurse and/or authorized personnel to give your child Ibuprofen, Acetaminophen, cough drops or antacids at school for minor problems. (Complaints of headache, pain due to musculoskeletal injury, orthodontic procedures, and/or menstrual cramps, dry throat, and upset stomach and/or indigestion.)

(Parent Signature)

*Parents may be asked to consult a physician if their child makes frequent requests for medications (such as three times a week for a two-week period of time.)