



## Affective Needs Program Health and Emergency Info

Must be updated annually.  
**Note:** Use back of form if more space is needed.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_  
\_\_\_\_\_

Parent(s) Addresses: \_\_\_\_\_  
\_\_\_\_\_

Parent(s) Contact Numbers (to include home, cell, pager, and work): \_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date first seen by provider: \_\_\_\_\_ Frequency of visits: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date first seen by provider: \_\_\_\_\_ Frequency of visits: \_\_\_\_\_

Therapists/Counselors: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date first seen by provider: \_\_\_\_\_ Frequency of visits: \_\_\_\_\_

Medical diagnoses (physical and emotional): \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_  
\_\_\_\_\_ Date of diagnosis: \_\_\_\_\_  
\_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

(continue on back of form if more space is needed)

Current medications at home and in school (continue on back of form if more space is required):

Medication	Dosage	Frequency	Reason for medication	Date prescribed and dosage changes/date

Allergies: \_\_\_\_\_

Last hospitalization related to medical or emotional concerns:

Date: \_\_\_\_\_ Reason for hospitalization: \_\_\_\_\_

Length of stay: \_\_\_\_\_

Current medical insurance for your child: Private policy \_\_\_\_\_ Medicaid \_\_\_\_\_ CHP/state \_\_\_\_\_ None \_\_\_\_\_

Does your insurance have a mental health benefit? Yes \_\_\_\_\_ No \_\_\_\_\_

This information is strictly confidential and will be accessible to the school nurse **and her designees within the Affective Needs program who provide services for your student**. If your student has a medical condition (i.e. seizures, life-threatening allergies, asthma, diabetes, etc. and/or requires nursing services such as medications at school, a separate care plan and health provider orders are required and must be updated annually. Contact your student's school nurse for specific instructions and required forms needed to be in place by the first day of school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_