

Red Clay Consolidated School District
Alternative Placement

Health Information

This form must be completed for All Students
(To be completed by Nurse in Sending School)

Student Name _____

Health History

Known Allergies _____

Bee Stings _____

Known Health Issues

Seizures _____	Headaches (Migraines) _____
Asthma _____	Substance Abuse _____
Diabetes _____	Blood Pressure _____
Heart Problem _____	Hearing Problem _____
Speech Problem _____	Orthopedic Problem _____
Vision Problem _____	
Glasses Prescribed _____	

Medications

Taken in School _____

Taken at Home _____

Immunizations Current _____ (If not, what is needed) _____

Please give details on any known health issues and/or other known relevant issues
