

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 _____

Know 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