



PARK CITY

EDUCATIONAL EXCELLENCE

SCHOOL DISTRICT

2700 KEARNS BOULEVARD
PARK CITY, UTAH 84060

435/645-5600
435/645-5609 FAX

STUDENT HEALTH INFORMATION

The information requested on this form will provide the school with important information regarding your student's health needs. This information is confidential, however, it may be shared with appropriate school personnel.

Student's Full Name: _____ Date of Birth: _____

Grade Level: _____ School: _____ School Year: _____

Emergency Contact Information:

Mother/Guardian: _____ Home #: _____ Cell/work #: _____

Father/Guardian: _____ Home #: _____ Cell/work #: _____

Other Contact #1: _____ Phone #: _____ Relationship: _____

Other Contact #2: _____ Phone #: _____ Relationship: _____

Other Contact #3: _____ Phone #: _____ Relationship: _____

Does your student have any medical concerns that the school should be aware of?

- | | | |
|---|---|---|
| <input type="checkbox"/> No medical concerns at this time. | <input type="checkbox"/> Allergy (life threatening): Bee Sting* | <input type="checkbox"/> Heart Problems |
| | <input type="checkbox"/> Allergy (life threatening): Peanut/Tree Nut* | <input type="checkbox"/> Hydrocephalic |
| | <input type="checkbox"/> Asthma** | <input type="checkbox"/> Seizures |
| | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Diabetes | _____ |

Care Plans

The Park City School District has health care management plans for the above medical concerns. Please contact your student's school nurse directly to request a health care plan for your student. School nurse contact information is below.

Medications at School

A Medication Permission Form must be completed and returned to the school before any medications can be administered in school. See PCSD Policy 10115—Administering of Medication to Students by School Personnel for more information.

Epi-Pens at School

*An Epinephrine Auto Injector (EAI) Authorization Form is required if your student will carry an Epi-Pen at school. The form must be completed and signed by your Healthcare Provider annually.

Asthma Inhalers at School

**An Asthma Self-Administration Form is required if your student will carry an inhaler at school. The form must be completed and signed by your Healthcare Provider annually.

Parent/Guardian Signature: _____ Date: _____

(Federal HIPAA and FERPA guidelines require a signature for consent to share health information.)

Health information and forms are available on the PCSD website <http://pcschools.us> > Departments > Health Services

Gina Agy, R.N., School Nurse for PCHS, TMIS, PCLC	Contact: 435-645-5600 x1750 or gagy@pcschools.us
Anne Alexander, R.N., School Nurse for EHIMS, PPES, TSES	Contact: 435-645-5600 x1752 or aalexander@pcschools.us
Kirsten Brotherson, R.N., School Nurse for MPES, JRES	Contact: 435-645-5600 x1751 or kbrotherson@pcschools.us