



Health Services Department

12465 Warwick Boulevard, Newport News, VA 23606

Phone: 757-591-4646 Fax: 757-595-2017

STUDENT HEALTH INFORMATION SHEET

Date: _____ School: _____ Student #: _____

Name of Student: _____ DOB: _____

Last Newport News Public School Attended: _____ Year: _____

Does your child have any chronic or medical problems (allergies, asthma, diabetes, migraines, etc.)? If so, please list: _____

Is he/she under a medical provider's care for these or other medical problems? _____

Does your child take any medications and needs to take them or have available at school (such as asthma inhaler, epi pen, Ritalin)? If so, please list: _____

For any medication (prescription and/or over the counter) to be given at school, you must provide a current doctor's order. Orders must be renewed at the beginning of every school year. It is important to let your school nurse know what medications your child takes in case of an emergency.

Parent Signature

Phone # where you can be reached

Please contact the school nurse if your child has any medical problems that need attention during school hours or that may impact his/her ability to learn.

Additional Health Information available electronically within the Student Information System

- Medication/Treatment Orders
- Clinic Logs
- Health Screenings

Student Health Cards – effective phase out date 07/01/2014
Maintained in Part I of the Student's Educational Record

PARENT ACKNOWLEDEMENT OF MISSING REQUIRED COMPREHENSIVE PHYSICAL EXAM

NNPS Policies & Procedures JLCA – Physical Examination of Students and the Code of Virginia § 22.1-270
Preschool physical examinations required for ****Pre-K – 5th**:

- **No student will be admitted for the first time to any public kindergarten or elementary school in a school division unless the parent/legal guardian furnishes, prior to admission, a report of a comprehensive physical examination performed no earlier than twelve months prior to the date such student first entered.**
- **Registrations without the required comprehensive physical examination report at school start will receive a thirty (30) day grace period in order to obtain the required physical exam.**

I have been informed that a comprehensive physical exam, signed by a licensed physician or nurse practitioner, performed within twelve months of the initial enrollment date, must be presented to the school prior to admission, or within thirty (30) school days following my child's enrollment to a Newport News Public School.

If my child does not have insurance, I acknowledge that I have been given information on where to obtain a free physical exam. I will call the school's nurse with an appointment date as soon as an appointment is made. If my child does not obtain this physical exam in the allotted time, I am aware that my child will be excluded from attending school until such documentation is presented.

Enrolling School: _____ Date of Enrollment: _____

Student Name: _____

Parent Signature: _____ Date: _____

The 30th school day from the 1st day of enrollment will be ____ / ____ / ____.

If a comprehensive physical exam is not received by that date, my child will be excluded from attending school on ____ / ____ / ____.

For Office Use Only:

Attempt 1 contact: Written/Verbal _____ (Nurse/Family Engagement Specialist/Guidance Counselor)

Attempt 2 contact: Written/Verbal _____ (Nurse/Family Engagement Specialist/Guidance Counselor)

Attempt 3 contact: Written/Verbal _____ (Nurse/Family Engagement Specialist/Guidance Counselor/Asst. Principal)

Attempt 4 contact: Written/Verbal _____ (Nurse/Family Engagement Specialist/Guidance Counselor/Asst. Principal)

Attempt 5 contact: Written/Verbal _____ (Nurse/Family Engagement Specialist/Assist. Principal/Principal)

Attempt 6 contact: Written/Verbal _____ (Nurse/Family Engagement Specialist/Assist. Principal/Principal)

NNPS allows a grace period not to exceed thirty (30) school days to obtain the required physical exam. Students who have not obtained a physical by the end of the grace period will be excluded from school until the required document is provided.

Exclusion Date: _____ Principal's Signature: _____

Principal's plan for compliancy: _____

Note: If a student is not going to be excluded on the 30th day of the grace period, the principal should indicate their decision in the compliancy plan section along with their plan of action to obtain the comprehensive physical exam.