Health History Update – 2019/20

Student's Name_____ **Date of Birth**_____

Homeroom Teacher_____ **Grade**_____

<table>
<tr><td colspan="6">Current health concerns: Check where appropriate</td></tr>
<tr><td>Asthma
Inhaler required at school?
____yes ____no</td><td>Attention disorder</td><td>Diabetes Type 1 or 2</td><td>Heart condition</td><td colspan="2">Migraine or Headaches</td></tr>
<tr><td>Hearing</td><td>Vision
Glasses or Contacts</td><td>Mental Health</td><td colspan="3">Problems with general development and maturity</td></tr>
<tr><td>Seizure disorder</td><td colspan="3">ALLERGIES:
____ Bee ____Nuts/Peanuts ____ Seasonal Other _____

Parents/Guardians are responsible for providing Epi Pen for school use.</td><td colspan="2">Other</td></tr>
<tr><td colspan="6">If YES to any of the above, please explain below:</td></tr>
</table>

_____
_____
_____
_____

Additional:

Is your child under the care of a physician or clinic now? No____Yes___
Explain_____

Is your child taking any medication or treatments now? No___ Yes___
If yes-name, dose and frequency _____
Does medication need to be taken during school? No___ Yes___

Any special concerns not mentioned above? _____

Doctor & Phone # _____medical insurance ___ yes _____no
Dentist & Phone# _____dental insurance _____yes _____no

I give permission to the nurse/ principal's designee to administer the following as needed according to school policy:

Acetaminophen (Tylenol) Yes____ No_____ Cough Drops &/or Lozenges Yes____ No_____
Ibuprofen (Advil/Motrin) Yes____ No_____ Calcium Antacid (Tums) Yes____ No_____

In case of an accident or serious illness, the school may make any arrangements deemed necessary if the school is unable to reach the emergency contacts. I understand the information given to the School nurse is for use in understanding and assisting in the health and education of my child. I understand that the information will be kept confidential and will be shared with other professionals or school employees only when the School Nurse/Nurse Practitioner/School Physician believe that it is in the best interest of my child's health and education.

_____ _____ _____
Parent/Guardian (please print) Parent/Guardian Signature Date