**Health** **History** **Update**

**Student’s** **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date** **of** **Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Homeroom** **Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Current** **health** **concerns:** **Check** **where** **appropriate** |
| AsthmaInhaler required at school? \_\_\_\_yes \_\_\_\_no | Attention disorder | Diabetes Type 1 or 2 | Heart condition | Migraine or Headaches |
| Hearing | VisionGlasses or Contacts | Mental Health | Problems with general development and maturity |
| Seizure disorder | ALLERGIES:\_\_\_\_ Bee \_\_\_\_Nuts/Peanuts \_\_\_\_ Seasonal Other \_\_\_\_\_\_\_\_\_\_Parents/Guardians are responsible for providing Epi Pen for school use. | Other |
| **If** **YES** **to** **any** **of** **the** **above,** **please** **explain** **below:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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