

Student Health Information

Please print

Print Child's Last/First Name

MI

Birth date

Phone Number

Parent/Guardian signature

Date

Does your child have

___ Frequent colds

___ Frequent nose bleeds

___ Frequent stomach aches

___ Frequent headaches

___ Frequent cough

___ Frequent constipation

___ Frequent use of toilet

___ Frequent earaches

Has your child been diagnosed/treated for

___ Arthritis/RA

___ Asthma

___ Anemia

___ Diabetes

___ Epilepsy/Seizures

___ Eczema

___ ADHD

___ Depression/Anxiety

___ Hearing Loss

___ Heart Condition

___ Migraine Headaches

___ High Blood Pressure

___ Seasonal Allergies/Sinus Headaches

___ Orthopedic Condition

List prescription medications your child currently takes _____

Known medical/food allergies: _____

If **yes**, does your child have an epi-pen? _____ at school? _____

When was your child's last physical exam? _____

Date of last eye exam performed by an optometrist _____

Does your child now wear or has ever worn prescription glasses? _____
Are there any other medical issues the school should be made aware of? _____

Please notify Health Aide of any medications taken during school hours.

Non-prescription (over the counter medications) are available through the Health Office. These are medications given for minor ailments (headaches, cramps, cuts and scrapes, stomachaches, coughs) that occur while your child is in school. Non-prescription medications will not be given for more than three consecutive days without an order from the student’s physician. We do not dispense medications to take home. If your child is sick, or has a fever 101.0 or higher, **PLEASE DO NOT SEND YOUR CHILD TO SCHOOL.** Keep your child home or take them to the hospital for medical treatment. Same Day appointments may be available at Sells Hospital. If your child is seen and evaluated by a doctor or nurse practitioner, please ask for a “medical excuse” for the school office.

In order to give your child any type of medication, parental permission is required. The common types of medications available in the health office are listed below. Please circle Y or N if you give permission for the Health Aide to give the medication as needed.

- Regular Strength Tylenol for minor aches and pains.....Y N
- Ibuprofen for minor aches and pains.....Y N
- Cough drops.....Y N
- Allergy relief (combination medication): Tylenol/Benadryl/Decongestant..... Y N
- Cold relief (combination medication): Tylenol/Guaifenesin/Decongestant.....Y N
- Neosporin or Hydrocortisone Cream for minor skin injuries/Irritations.....Y N
- Pepto-Bismol for upset stomach.....Y N
- Benadryl (Diphenhydramine) for allergic reaction (oral and/or on skin)Y N
- Would you like to be notified if Benadryl is given.....Y N

IN A MEDICAL EMERGENCY, 911 WILL BE CALLED AND PARENTS NOTIFIED