



The difference is balance.

Confidential Emergency Health Information Form 2018 - 2019

PLEASE COMPLETE AND RETURN TO THE HEALTH OFFICE BY AUGUST 17th, 2018.

This form is to be completed **ANNUALLY**.

Student's Name: _____ Birth date: _____ Sex: F M Grade: _____

Physician's Name: _____ Physician's Phone: _____

Parent/Guardian 1	Parent/Guardian 2
Relationship	Relationship
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Email	Email

CURRENT HEALTH CONDITIONS:

*(Circle the health conditions/concerns that your child has NOW & that may affect your child at school)

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Mental Health Diagnosis:
<input type="checkbox"/> Severe Allergy/Anaphylaxis* (requiring emergency medication) To what? _____ Does your child need medications at school to treat an allergic reaction? <input type="checkbox"/> YES <input type="checkbox"/> NO *If YES, please contact RN & return Allergy Action Plan to Health Office with the medications.	<input type="checkbox"/> Hearing Problems:
	<input type="checkbox"/> Vision Problems: (excluding corrective lenses)
	<input type="checkbox"/> Neurological Disorder:
	<input type="checkbox"/> Heart:
	<input type="checkbox"/> GI/Bowel Disorder:
	<input type="checkbox"/> Liver:
<input type="checkbox"/> Allergy to foods: (Please list food & reaction)	<input type="checkbox"/> Orthopedic Problem:
	<input type="checkbox"/> Urinary/Kidney:
<input type="checkbox"/> Allergy to medications: (Please list med & reaction)	<input type="checkbox"/> Menstrual cramps: Mild/Severe
<input type="checkbox"/> Allergy to insect bites : (Please list insect & reaction)	<input type="checkbox"/> Recent Operations/Serious injuries:
<input type="checkbox"/> Allergy to pollen	<input type="checkbox"/> Any other significant conditions or disorders:
<input type="checkbox"/> Asthma * (Contact RN)	
<input type="checkbox"/> Diabetes* (Contact RN)	
<input type="checkbox"/> Seizure Disorder* (Contact RN)	
<input type="checkbox"/> Headaches/Migraines/Past Concussions (Circle those that apply)	<input type="checkbox"/> Additional comments/Physical limitations:
<input type="checkbox"/> Cardiovascular Condition	

Do you give your consent to share relevant health information regarding your child with appropriate school and/or emergency personnel as necessary? This would include permission for communication between the health provider and school nurse to facilitate this process. Yes _____ No _____

MEDICATION:

Is medication needed at home? YES NO

Medications Taken at Home	Dosage/Frequency	Reason
1.		
2.		
3.		

Is medication needed at school? YES** NO

Name of Medication	Dosage/Frequency	Reason
1.		
2.		
3.		

A Medication Consent Form must be completed for a student to receive prescription medicine at school. The prescription medication must be clearly labeled prescription bottle with the student's name and instructions as specified by the pharmacy. **This form and the form for student to carry and self-administer Epi-pen and Inhaler are available from the School Nurse.

Parental Permission for Over the Counter Medications:

Check one:

- May give medications listed below according to the listed dosages for weight and symptoms
- Give **ONLY** medications checked according to the listed dosages for weight and symptoms
- Do **NOT** give any medications

Student's Weight

Please check "YES" to authorize school nurse/staff to give your child the following medications while on campus.

Over-the-counter medication dispensed per package directions:	Indications:	Dosage (please circle)	YES
Acetaminophen (generic Tylenol)	Pain reliever/fever reducer	36 - 47 lbs: 160 mg 48 - 71 lbs: 320 mg 72 - 95 lbs: 480-500 mg 96 lbs +: 500-650 mg	
Ibuprofen (generic Advil/Motrin)	Pain reliever/fever reducer	36 - 47 lbs: 150 mg 48 - 71 lbs: 200 mg 72 - 95 lbs: 300 mg 96 lbs +: 400 mg	
Turns (Calcium Carbonate)	Stomach pain/upset stomach	1 or 2 tablets	
Cough drops	Cough/throat irritation	1 cough drop	
Triple antibiotic ointment	Minor scrapes/cuts	As directed	
Calamine lotion	Itching/skin rashes	As directed	
Hydrocortisone 1% lotion	Itching/skin rashes	As directed	

PRINT Parent/Guardian Name

SIGNATURE

DATE

THE INFORMATION ON THIS FORM IS VERY IMPORTANT FOR THE HEALTH AND SAFETY OF YOUR CHILD. IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL OFFICE OR SCHOOL NURSE IF THERE ARE ANY CHANGES OR UPDATES IN YOUR CHILD'S HEALTH.