



## Student Health History & Medical Consent

In order to administer any over the counter or prescription medication to your child, the following information is needed to complete your child's health file. Health information you provide about your child is confidential and will be used to provide safe, informed care at school, and will only be communicated to personnel who require it to better serve your child. **If your child has a medical condition, or medical changes occur during the school year, it is the parent/guardian's responsibility to notify the school nurse and update this information.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

Please check any health concerns that apply:

### ALLERGIES

- Student has allergies.
- Allergy is mild. No medication or accommodations necessary.
- Allergy is severe. Medication required:  Epi-Pen  Benadryl  
***For severe allergies where anaphylaxis may occur, parents must also fill out the Emergency Action Plan for Anaphylaxis document.***
- Bee/Insect Stings Allergy  
Describe Reaction \_\_\_\_\_
- Medication Allergy \_\_\_\_\_  
Describe Reaction \_\_\_\_\_
- Food Allergy \_\_\_\_\_  
Describe Reaction \_\_\_\_\_
- Environmental Allergy \_\_\_\_\_  
Describe Reaction \_\_\_\_\_
- Other Allergy \_\_\_\_\_  
Describe Reaction \_\_\_\_\_

### ASTHMA

- Student has Asthma.
  - Asthma is severe. An Emergency Action Plan may be necessary depending on severity.  
Medication \_\_\_\_\_
- Asthma is triggered by:
- Smoke  Exercise  Illness  Allergies  Other \_\_\_\_\_

### ATTENTION DEFICIT DISORDER

- Student has ADHD or ADD  
Treatment \_\_\_\_\_

### EMOTIONAL/BEHAVIORAL CONCERNS

- Student has emotional/behavioral concerns \_\_\_\_\_  
Treatment \_\_\_\_\_

**DIABETES**

- Student has diabetes.
- Insulin Dependent       Non-Insulin Dependent

**OTHER CONCERNS**

- Student has other health concerns.  
Describe (e.g. diagnosis, how it impacts student at home/school) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIMITING DISORDERS/DISABILITIES**

*If you suspect your child's health condition is a disability that could substantially limit their learning or another major life activity, you may request a meeting with the school to evaluate if additional services or accommodations are needed. Please contact the school nurse to request this evaluation.*

- Student has limiting conditions or physical disorders  
Describe (e.g. diagnosis, how it impacts student at home/school) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Student has an IEP       Student has a 504 plan

**MEDICATIONS**

- Student regularly takes medications at home.  
List (Type, Dosage, Frequency) \_\_\_\_\_  
\_\_\_\_\_
- Student regularly takes medications at school.  
List (Type, Dosage, Frequency) \_\_\_\_\_  
\_\_\_\_\_

**CONSENT FOR RX MEDS AT SCHOOL**

*My student may take the following prescription medications as written by his/her medical Provider. This medication must be brought into the front office in their original prescription bottle, with child's name, medication name, dosage, and frequency listed.*

- |   |   |
|---|---|
| <input type="checkbox"/> _____<br>Name/Dosage | <input type="checkbox"/> _____<br>Name/Dosage |
| <input type="checkbox"/> _____<br>Name/Dosage | <input type="checkbox"/> _____<br>Name/Dosage |

**CONSENT FOR OTC MEDS AT SCHOOL**

*My student may take the following over the counter medications as necessary. Medications listed as "Other" must be brought into the front office in their original, unopened packaging.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen          | <input type="checkbox"/> Antacids (TUMS) |
| <input type="checkbox"/> Cough Drops w/Menthol   | <input type="checkbox"/> Vitamin C          | <input type="checkbox"/> Benadryl        |
| <input type="checkbox"/> Saline Eye Drops        | <input type="checkbox"/> Saline Nasal Spray | <input type="checkbox"/> Other _____     |

Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_