

HEALTH HISTORY

To assist us in caring for your student's medical needs at school, it is helpful to have the following information. This information will be kept in the student's medical file, and will be kept confidential.

Student Name

Grade

Regular Doctor - Clinic

Regular Dentist

Does your child have any food allergies? If so, please list: _____

Does your child have any medicine allergies? If so, please list: _____

Does your child take any medication on a regular basis (either at home or at school)? If so, please list name of medication and purpose: _____

Does your child have any health conditions we should be aware of? (For example: ADHD, seizures, asthma, diabetes, eating disorder): _____

If your child becomes ill at school and we cannot contact you, whom should we call?

Contact Name

Phone Number

Contact Name

Phone Number

If your child is put on a medication that needs to be taken at school, a permission statement/ authorization medication form will need to be filled out prior to administration. All medications including prescription medication and over-the counter medication will require a written physician order and the medication administration form signed by both the parent and ordering physician. Medication to be taken at school will be kept under the secured care of school authorities, unless self-administered by the student. ALL medication (prescription and other-the-counter) should be in the original container clearly marked with the student's name, the medication name, the dosage to be given, the time to be given and the method of administration. Prescription medication should also include the physician's name and the pharmacy name.

Thank you for your cooperation. Our goal is your child's good health.