

Student Name (print first) _____ (print last) _____ DOB _____ Grade ____ M F

Your student’s health history is important to provide the best care at school. It is the responsibility of the parent /guardian to notify the school of new or existing health concerns. If your student is prescribed medication or requires a treatment at school, it is the responsibility of the parent or guardian to notify the school and provide the medication or necessary equipment for use at school.

*Release of Information: The disclosure of health information within the school is limited to information necessary to serve the student’s health and education interests. Your voluntary agreement gives permission for the nurse to inform school staff of precautions and procedures necessary to protect your child at school and foster academic success.

I Agree I Disagree Parent/Guardian Signature _____ Date _____

My student has the following (NEW or EXISTING) medical condition(s). Additional listing provided on BACK PAGE. (Check all that apply)

- HEAD
Brain Injury
Concussion (loss of consciousness)
Concussion (no loss of consciousness)
Epilepsy
Migraines (diagnosed)
Seizure
EYES
Astigmatism
Color Blindness Genetic
Glasses/Contacts
Myopia (nearsighted)
Nystagmus (involuntary eye movements)
Vision Loss/both
Vision Loss/one eye
EAR/NOSE/THROAT/ MOUTH/NECK
Acute Suppurative OM
Hearing Aid
Hearing Loss/Condition
OtitisM(acute/chro)NonDraining
Perforated Tympanic Membrane (hole in eardrum)
Speech Problems
Swallowing Problem
Tracheostomy
HEART/LUNGS/BRAIN
Arrhythmia
Asthma, Asthmatic
Cystic Fibrosis
Heart Murmur
Hypertension
Rheumatic Fever
Stroke
ABDOMEN/INTESTINAL/ URINARY
Colostomy
Constipation
Crohn’s Disease
Encopresis (bowel incontinence)
Enuresis (urinary incontinence)
Gastroesophageal reflux
Gastrostomy (GT)
BONE/MUSCLE/JOINT
Muscular Dystrophy
Osteopenia
Osteoporosis
Rheumatoid Arthritis/Juvenile
Scoliosis
ENDOCRINE/BLOOD
Clotting Defect
Diabetes/Insulin Dependent
Diabetes/Type II
Hemophilia
Neoplasm (cancer)
Sickle Cell
SKIN
Dermatitis/Chronic
Eczema
Psoriasis
Urticaria, Cold/Heat
ALLERGIES
Allergy, Airborne
Allergy, Animals
Allergy, Drug
Allergy, Food/eaten
Allergy, Food/skin
Allergy, Latex
Anaphylactic Shock
Anaphylactic/foods
Anaphylactic/nuts
Anaphylactic/peanuts
Anaphylactic/stings
Lactose Intolerance
EMOTIONAL/BEHAVIORAL/ PSYCHOLOGICAL
ADD
ADHD
Anxiety
Asperger’s
Autism
Bipolar
Developmental Delay
Depression
Eating Disorder
Mood Disorder
Obsessive Compulsive
Oppositional Defiant Disorder
Post Traumatic Stress
Psychiatric Disorder
Schizophrenia
CHROMOSOME/GENETIC
Down Syndrome
OTHER
Fetal Alcohol Syndrome

If a medical condition(s) is not listed ABOVE or on the BACK PAGE, check this box AND follow up with your School Nurse:

Other Diagnosis not listed
(If this box is checked, you must follow up with School Nurse regarding the student’s medical condition(s).)

If your student DOES NOT have any (new or existing) known allergies or medical condition(s), check this box:

My Child has NO (new or existing) health concerns.
(If this box is checked, you agree to communicate with the School Nurse regarding new health concerns during the school year.)

My child will require the following medication types given during the school day (Check all that apply)

*Homeopathic & herbal remedies cannot be given at school. *
 Long-Term Prescribed Medication
The Long-Term form must be completed by the parent/guardian AND healthcare provider: MD/DO/ANP/PA & medication delivered in a properly labeled pharmacy container.

Short-Term Prescribed Medication
The Short-Term form must be completed by parent/guardian & medication delivered in a properly labeled pharmacy container.

OTC/Over the Counter Medication
To have an Over-The-Counter medication at school, a parent must complete a separate form and provide medication in the original container.

My child will require the following medication(s) at school (Check all that apply)

- Epi-pen (Parent or Guardian MUST provide epi-pen)
 Antihistamine (Benadryl)
 Inhaler

My child will require the following plan or other treatment at school (Check all that apply)

- Student Allergy/Anaphylaxis Action Plan
 Asthma Action Plan
 Diabetes Care Plan
 Diabetes Care Plan with pump
 Seizure Action Plan
 Other treatment in school

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USE THIS SIDE IF YOUR CHILD HAS A MEDICAL CONDITION(S) NOT LISTED ON FRONT PAGE (CHECK ALL THAT APPLY)

Parent/Guardian Signature _____ Date _____

Head

- Alopecia (hair loss)
 Disfigurement/Head
 Encephalitis (Brain inflammation)
 Epilepsy/Clonic/Tonic
 Epilepsy/Jacksonian
 Epilepsy/Petit mal
 Febrile Seizure
 Hydrocephalus
 Meninges Tumor/Benign
 Shunt

Eyes

- Amblyopia (lazy eyes)
 Artificial Globe
 Color Blindness Congenital
 Congenital Cataracts
 Duane's Retraction (eye movement disorder)
 Esophoria (eyes turn inwards)
 Exophoria (eyes turn outwards)
 Glaucoma, congenital
 Hypermetropia (longsighted)
 Intraocular lenses
 Ptosis (drooping eyelid)
 Retinitis Pigmentosa (damaged retina)
 Retinoblastoma
 Retinoschisis, Juvenile
 Stargardt's Disease (early macular degeneration)

Ear/Nose/Mouth/Throat/Neck

- Bell's palsy (facial paralysis)
 Cervical Joint Disease
 Cleft Palate
 Epistaxis (nosebleed)
 Hearing/Condition
Sensorineural
 Meniere's Syndrome (inner ear disorder)
 Microtia (small outer ear)
 Pain, neck
 Polyp, larynx
 Respirator dependent
 Trach/Obstruction
 Trach/Stoma Problem
 Tracheomalacia
 Vertigo (dizziness)

Heart/Lungs/Brain

- Aortic Stenosis
 Atrial Septal Defect
 Breathing Exercises
 Breathing, Bronchial
 Bruit
 Congestive Heart Failure
 Cardiac Valve Disease
 Cardiomyopathy
 Hemiparesis
 Kawasaki Disease

- Mitral Valve Prolapse
 Pacemaker, Cardiac
 Paroxysmal Tachy (AV)
 Patent Ductus Arteriosus
 Pulmonary Hypertension
 Pulmonary Stenosis
 Pulmonary Tuberculosis
 Suctioning/aspirator
 Tachycardia
 Tuberculosis Miliary
 Transposition Great Vessels
 Vasovagal Syncope
 Ventricular Septal Defect
 Ventricular Tachycardia
 Wolff-Parkinson-White Syndrome

Abdomen/Genito-Urinary

- Bladder Extrophy
 Celiac Disease
 Chronic Renal Failure
 Colitis
 Cystic Disease Medulla
 Dialysis, Renal
 Duodenal Spasm
 Dysmenorrhea
 Dyspepsia (impaired digestion)
 Esophageal Reflux
 Esophagus stricture
 Gastroschisis
 GT/Stoma Malfunction
 Hepatitis
 Hepatitis B Carrier
 Hepatitis C Carrier
 Hiatal Hernia
 Hirschsprung's Disease
 Ileostomy
 Irritable Bowel Syndrome
 Jejunostomy
 Kidney Removed
 Kidney Transplant
 Nephritis
 Nephrotic Syndrome
 Neurogenic Bladder
 Polycystic Kidney
 Short Bowel Syndrome
 Suprapubic Catheter
 Transplant, Liver
 Ulcer, Gastric
 Ulcer, Peptic
 Wilms' Tumor

Bone/Muscle/Joint

- Amputation below knee
 Arthritis, Chronic
 Arthrogyrosis
 Cerebral Palsy
 Chronic Fatigue Syndrome
 Fibrodysplasia Ossificans

- Fibromyalgia
 Legg-Calve'-Perthes
 Myasthenia Gravis
 Osteochondritis Dissecans
 Osgood-Schlatter
 Osteogenesis Imperfecta
 Osteosclerosis
 Paralysis, Paralytic
 Paraplegia
 Rhabdomyosarcoma
 Spinal Muscular Atrophy
 Tic

Endocrine, Blood

- Abnormal glucose
 Anemia
 Diabetes Insipidus
 Diabetes/Diabetic
 Diamond-Blackfan Anemia
 Diseases of Blood
 Galactosemia
 Graves' Disease
 Growth Hormone Deficiency
 Hodgkin's Disease
 Hyperthyroidism
 Hypoglycemia
 Hypopituitarism
 Hypothyroidism
 Leukemia, lymphoblastic
 Lymphoma (malignant)
 Precocious Puberty
 Raynaud Syndrome
 Spherocytosis
 Thalassemia
 Thrombocytopenia
 Vasculitis
 Vascular device/implant
 Von-Willebrand Disease

Skin

- Acne
 Albino
 Dermatitis/Cold
 Dermatitis/Diaper
 Dermatitis/Impetigo
 Dermatitis/Metals
 Dermatitis/Seborrhea
 Dermatitis/Simplex
 Dermatitis/Zoster
 Henoch Schonlein Syndrome
 Lichen Sclerosis
 Pseudoxanthoma/Keratosis
 Scleroderma
 Staph Infection Unspecified
 Varicella
 Warts

Allergies

- Allergy, Other
 Allergy/grass

- Allergy/insect
Emotional/Behavioral/ Psychological
 Anorexia
 Bulimia
 Dysthymia
 Emot/Beh/Mental Health
 Manic/Depressive
 Narcolepsy
 Obesity
 Pica
 Retardation & Development
 Trichotillomania

Chromosome/Genetic

- Arnold-Chiari Malformation
 Cornelia de Lange Syndrome
 DiGeorge Syndrome
 Fragile X Syndrome
 Kartagener's Syndrome
 Klinefelter's Syndrome
 Klippel-Feil Syndrome
 Marfan's Syndrome
 Mobius Syndrome
 Nager S/Macrocephaly
 Neurofibromatosis
 Phenylketonuria/PKU
 Prader-Willi Syndrome
 Sensory disorders
 Soto's Syndrome
 Spina bifida
 Trisomy 13
 Trisomy 18
 Turner's Syndrome
 Waardenburg's Syndrome

Other

- Budd-Chiari Syndrome
 Cytomegalic Inclusion Disease
 Drainage Device
 Dwarf/Achondroplasia
 Dyslexia
 Dyspraxia
 Erb's palsy
 Hemorrhoids
 HIV Disease
 Hypogammaglobulinemia
 Immunodeficiency
 Lupus
 Motor problems/head
 Motor problems/limbs
 Other vein problem
 Spastic Hemiplegia
 Stone's Syndrome
 Tourette Syndrome
 Wheelchair