

Annual Student Health History Update/ TUSCOLA HIGH SCHOOL (2012-13)

Student's Full Name: _____ Date of Birth: _____ Grade: _____ Homeroom Teacher: _____

Parent's Name: _____ Telephone (W) _____ (H) _____ (C) _____

Address: _____ Student's Doctor: _____ Phone #: _____

Email Address: _____ Emergency Contact: _____ Phone #: _____

Bus Rider: _____ # _____ Car Rider: _____ Driver: _____ *School Nurse Use Only:* _____

Please Check (✓) Medical Conditions that apply to your child:

✓ CONDITION	TREATMENT NEEDED	EXPLANATION (if needed)
<input type="checkbox"/> ALLERGIES BEES: _____ FOOD: _____ MEDICATION: _____ OTHER: _____	Does your child take medication for allergies? What treatment is necessary?	Epi-Pen? Benadryl? Does student have necessary meds at school?
<input type="checkbox"/> ASTHMA	Inhaler? _____ Type: _____	Does student carry Inhaler at school?
<input type="checkbox"/> DIABETES TYPE 1: _____ TYPE 2: _____	Does your child use an Insulin Pump?	Is your child on any other medication? <i>(if yes please list medication and dosage)</i>
<input type="checkbox"/> EPILEPSY/SEIZURES	How often does your child have a seizure?	Is your child on medication? At home? At school?
<input type="checkbox"/> HEART DISEASE	What condition does your child have?	
<input type="checkbox"/> PHYSICAL DISABLITY	Please describe any physical disabilities & limitations	
<input type="checkbox"/> ANY OTHER HEALTH PROBLEMS <i>(Please be specific, if need more room, please use other side of paper)</i> Attach any medical documentation to this sheet.		

****Parent must supply school with any medicines the child needs. PARENT MUST BRING MEDICINE TO SCHOOL IN ITS ORIGINAL CONTAINER.**
 Written permission and instructions for giving medications must be on file at the school. Forms are available in the school office. *Your signature confirms the above information is accurate and can be used by the school system and the school nurse to update your child's health record. It also gives the school nurse permission to perform MINIMAL screening (blood pressure, temperature, etc) and first aide (using ice, antibiotic ointment, hydrocortisone, Chloraseptic throat spray, orajel, bandages, etc as needed) on your child in the event of illness or injury at school.*

Parent and /or Guardian Signature

Date