

Student Health and Medical History Update

Child's name _____ Grade _____ School Year _____

Health screenings conducted annually for all students, through the school nurse's office, include height, weight and blood pressure. Screening for visual acuity is conducted biennially for students in kindergarten through grade 10. Auditory screening is conducted annually for students in K – 3, and in grades 7 and 11. Screening for scoliosis is conducted biennially for students between the ages of 10 and 18.

Physical examinations by a healthcare provider are important and recommended at least once during each of your child's developmental stages:

- early childhood (pre-school through grade 3)
- pre-adolescence (grade 4 through 6)
- adolescence (grade 7 through 12)

Yearly physical exams are required for students participating in PLHS athletic programs. Please submit any student health assessment documentation to your child's school nurse.

Has your child had any of the following:

Asthma	Date _____	Attention Deficit	Date _____
Concussion / TBI	_____	Convulsion / Epilepsy	_____
Diabetes	_____	Heart (condition/ murmur)	_____
Lyme Disease	_____	Mononucleosis	_____
Autoimmune Dx	_____	Strep Infection	_____
Autism Spectrum	_____	Tourette's Syndrome	_____

	<u>Date</u>	<u>Reason / Treatment</u>
Hospitalizations	_____	_____
Operations	_____	_____

<u>Any allergies to:</u>	<u>Allergen</u>	<u>Reaction</u>
Environmental _____	_____	_____
Foods _____	_____	_____
Medicine _____	_____	_____

Emotional Concern(s) _____

Nutritional Concern(s) _____

(continued – over)

Does your child have Health Insurance? (circle either yes or no; if yes name carrier)

Yes _____ No
(health insurance carrier)

Do you need community referrals for food, dental, medical or vision care?

Yes (circle service needed) _____ No

Medication(s) are drug(s) approved by the Federal Food and Drug Administration for preventing, caring for, and assisting in the cure of disease and injury. For medication(s) to be dispensed during school hours or at school functions, a written order from a physician licensed in medicine (MD), dentistry (DMD) or osteopathy (DO), or from an advanced practice nurse (APN) must be submitted to the school nurse. Medication does not include herbal remedies.

Does your child take any medications? (list all medicine, even if it is not taken during school hours).

<u>Medicine Name</u>	<u>Dose</u>	<u>How often</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The parent of a student requiring medication (over the counter and /or prescription drugs) during school hours or at school sponsored activities must provide to the school nurse:

- ✓ A written order which includes the drug name, dosage and time to be given (signed by HCP).
- ✓ Written permission from a parent or guardian for the administration of the medicine during school hours or at a school function.
- ✓ Parents must deliver the medicine in the original labeled container.
- ✓ Pupils with a potentially life-threatening condition (asthma / anaphylaxis) may carry their medicine provided a self-administration form is on file with the School Nurse.
- ✓ Medication orders must be renewed in writing by healthcare provider and parent each school year.
- ✓ Parent / guardian may come to school to administer required medicine at the designated time if unable to obtain a healthcare provider note.

Our School Physician has allowed the administration of the following over the counter medicine with your permission. **Please initial** if you give permission for the school nurse to administer / dispense these medicines to your child:

_____ **Tylenol / Acetaminophen** –age appropriate dose as needed every 4-6 hours.
_____ **Advil / Ibuprofen** – age appropriate dose as needed every 4-6 hours
_____ **Benadryl / Diphenhydramine HCL** – age appropriate dose every 4-6 hours
_____ **Cough Drop** one as needed every 3 hours

Signature of Parent / Guardian

Date