

# Student Health Update 2010-11

**REQUIRED** each year for each student

*Return to Nurse Glenn—all student health information is kept confidential.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Does student have any history of the illness listed below?

If yes, what is used for treatment?

	No	Yes	Treatment
Seizures			
Migraines			
Asthma			
Diabetes			
Heart Problems			
Psychological/ Behavioral			What?
Food Allergies			What?
Allergies			What?

2. Is student currently taking any medications on a regular basis? Yes/No

If yes, what medication, dosage, and when taken? *(If medication is needed during school hours, you must have a completed MEDICATION ADMINISTRATION form on file in the nurses office. A separate form is required for each medication.)*

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3. Does student currently take any medications on an as needed basis? Yes/No

If yes, what medication, dosage, and when they would need to get it? *(If medication is needed during school hours, you must have a completed MEDICATION ADMINISTRATION form on file in the nurses office. A separate form is required for each medication.)*

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4. Is the student under a doctor's care? Yes/No

If yes, why?

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5. Please check below the medication(s) you will permit the school nurse to give you child if indicated. If not checked, that specific medication will not be given.

- |   |   |
|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)                                  | <input type="checkbox"/> Ibuprofen (Advil)  |
| <input type="checkbox"/> Antacid Tablets (Tums)                                   | <input type="checkbox"/> Itch relief lotion (Hydrocortisone)                          |
| <input type="checkbox"/> Petroleum jelly (chapped lips)                           | <input type="checkbox"/> Sting Relief (bee stings)                                    |
| <input type="checkbox"/> Antibiotic ointment                                      | <input type="checkbox"/> Antihistamine (Benadryl)— <i>for allergic reactions only</i> |
| <input type="checkbox"/> Cough lozenges— <i>middle/upper school students only</i> |   |

Signature of Parent/Guardian

Date