

HEALTH INFORMATION 2011–201

This information will be reviewed and maintained in confidential manner by the School Nurse assigned to your school.

STUDENT NAME: _____
First Middle Last

BIRTH DATE: _____

SCHOOL: _____

GRADE / TRACK: _____

EARLY CHILDHOOD HEALTH HISTORY

Were there any significant problems during the pregnancy, labor or delivery? No Yes

If yes, please explain? _____

PLEASE CHECK ALL HEALTH CONDITIONS THAT APPLY TO YOUR STUDENT. IF A HEALTH CONDITION PERTAINING TO YOUR STUDENT HAS A COMMENT FIELD, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE FIELD.

Allergies – Life Threatening – Comment required

- Life threatening allergy – Dairy **Comment:** _____
- Life threatening allergy – Food **Comment:** _____
- Life threatening allergy – Insect Sting **Comment:** _____
- Life threatening allergy – Latex **Comment:** _____
- Life threatening allergy – Peanut **Comment:** _____
- Life threatening allergy – Tree Nuts **Comment:** _____
- Life threatening allergy – Other **Comment:** _____
- Life threatening allergy – Unknown **Comment:** _____

Allergies – Comment required where indicated

- Animal
- Environmental/Seasonal
- Food **Comment:** _____
- Insect Sting
- Latex
- Medication **Comment:** _____
- Non-Specific

Other Conditions – Comment required where indicated

- ADD/ADHD – Name of medication: _____
- Alopecia
- Arthritis Juvenile
- Asthma **Comment:** _____
- Autism Spectrum **Comment:** _____
- Auto-Immune Condition **Comment:** _____
- Blood Disorder **Comment:** _____
- Cancer **Comment:** _____
- Celiac Disease
- Cerebral Palsy
- Chromosomal Anomalies **Comment:** _____
- Crohn's Disease

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- Cystic Fibrosis
- Diabetes Comment: _____
- Down Syndrome
- Emotional Condition Comment: _____
- Encopresis Comment: _____
- Enuresis Comment: _____
- Fetal Alcohol Syndrome
- Frequent Headaches Comment: _____
- Gastrointestinal Disorder Comment: _____
- Head Injury/Concussion Comment: _____
- Hearing Impaired Comment: _____
- Heart Condition – No Restriction Comment: _____
- Heart Condition – Restrictions Comment: _____
- Hepatitis B Carrier
- Hepatitis C Carrier
- History of Injuries Comment: _____
- Hypoglycemia Comment: _____
- Immune Compromised Comment: _____
- Kidney Problem Comment: _____
- Lactose Intolerant
- Long QT Syndrome
- Migraine Headaches
- Myalgia Myositis Fibromyalgia Comment: _____
- Neurologic Disorder Comment: _____
- Nosebleeds
- Orthopedic – Physical Limitation Comment: _____
- Orthopedic – No Restrictions Comment: _____
- Other Comment: _____
- Paraplegia
- Quadriplegia
- Scoliosis
- Seizure Disorder Comment: _____
- Shunt/Hydrocephalus Comment: _____
- Skin Condition Comment: _____
- Syncopal Episodes Comment: _____
- Syndrome Comment: _____
- Thyroid Condition
- Tourette Syndrome Comment: _____
- Tracheostomy Comment: _____
- Traumatic Brain Injury Comment: _____
- Urinary Problem Comment: _____
- Wears Glasses/Contacts
- Vision Impaired Comment: _____
- Von Willebrand’s Disease
- Wolff Parkinson White Syndrome

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ADDITIONAL INFORMATION

- List any illness, hospitalization, surgery, accidents your student had in the past year. **None**

- List any emotional, social or other conditions that might affect your student's school performance. **None**

- Is your student *currently* taking any medication, including over-the-counter medication? **No** **Yes**

- Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc)? **No** **Yes**
If yes, please explain: _____
- **Is there anything else you would like us to know about your student?** **No** **Yes**

PCK Permission to Administer Tylenol 2011-2012

_____ **NO – DO NOT ADMINISTER TYLENOL TO MY CHILD**

_____ **YES -** I hereby request and give my permission to Parker Core Knowledge Charter School to provide Tylenol (acetaminophen) to the student identified above for the following health problems ONLY: **headache, toothache, dysmenorrhea (cramps), musculoskeletal pain, fever (over 100^o F).**

I acknowledge that the provision of this medication by school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims which I now have or may hereafter have against Core Knowledge Charter School and its employees arising out of the provision of or failure to provide the medication to the student or any adverse reaction by the student to the medication.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____