

ATHENS CITY SCHOOLS HEALTH INFORMATION FORM

For School Use Only:
ACMS / CP / IS / NC / WS
Homeroom: _____
Excel Synergy

STUDENT INFORMATION

Student Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: / /	Grade: _____
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My child has health concerns: Yes No

HEALTH HISTORY

SECTION A	Please indicate health concerns: <input type="checkbox"/> Diabetes* <input type="checkbox"/> Seizures* <input type="checkbox"/> Allergies* <input type="checkbox"/> Asthma/Lung* <input type="checkbox"/> Heart/Cardiac*					
	<input type="checkbox"/> Stomach/GI <input type="checkbox"/> Behavior/ADHD <input type="checkbox"/> Kidney/Renal <input type="checkbox"/> Migraines/Frequent headaches <input type="checkbox"/> Other: _____					
	Explain Health Concern: _____					
	If Allergy, please specify: <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Medicine <input type="checkbox"/> Seasonal <input type="checkbox"/> Other: _____					
	List specific allergies: _____					
	Is allergy life-threatening?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Epi-Pen prescribed?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
	(If yes, must be provided to school)					
	If your child has asthma, do they have permission to carry his/her <u>prescribed</u> inhaler with them? * <input type="checkbox"/> Yes <input type="checkbox"/> No					
Would you like to have a phone call or a scheduled meeting with the school nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does the student have any condition which produces special needs or limitations from class or physical education? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If so, please explain: _____						
*Indicates that additional documents will be required.						

HEALTH SCREENINGS

SECTION B	Health screenings (vision, hearing, blood pressure, height and weight) are done automatically in grades Pre-Kindergarten, Kindergarten, 2 nd , 4 th , 6 th and 8 th , as required by Tennessee State law. They are occasionally performed in other grades upon request by Parent/Guardian or Teacher.				
	<input type="checkbox"/> I DO give permission for the screenings				
	<input type="checkbox"/> I DO NOT give permission for the screenings				

MEDICATION

SECTION C	All schools keep on hand oral Benadryl and Epi-Pens for use in case of a severe allergic reaction. We will always attempt to call you before administering these meds unless the situation is life-threatening. These two medications are kept for undiagnosed allergic reactions. Those students with confirmed allergies who have been prescribed an Epi-Pen and/or Benadryl should always provide their own. The medication permission form can be found on our website.				
	In addition, frequent medications used at school are: Polysporin ointment, Benadryl cream, Hydrocortisone cream, Orajel, and Lidocaine spray. List any of the above that you do not want administered to your child:				
	Please list any medications that the student uses regularly at home or at school and why:				

HEALTH HISTORY INFORMED CONSENT

Your signature gives permission for school staff to take precautions and use procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for daily care and emergency plans.

Parent/Guardian Name Printed _____	Parent/Guardian Signature _____	Date _____
Physician's Name: _____		Phone : _____