

SHOW LOW UNIFIED SCHOOL DISTRICT #10

SLJH STUDENT HEALTH HISTORY

Grade _____

Student Name _____

Legal Last Name

First Name

Middle Name

Does your child have any of the following medical conditions? Please circle yes (Y) or no (N) for each condition. If you circled yes to any of the below, we need **documentation from your physician** in the form of a Care Plan. Without documentation from your Physician, said medical condition **WILL NOT** be documented. **Please print legibly.**

Y / N	ADD or ADHD	Y / N	Epilepsy/Seizures
Y / N	Allergic to bee stings Mild ____ Moderate ____ Severe ____	Y / N	Heart Condition
Y / N	Gastrointestinal (stomach) disorders	Y / N	Migraine Headaches
Y / N	Asthma Mild ____ Moderate ____ Severe ____	Y / N	Psychiatric Disorders
Y / N	Chicken Pox Month ____ Year ____	Y / N	Urinary conditions
Y / N	Diabetes	Y / N	Skin Disorders

If any yes answers, please explain _____

Please list any know allergies _____

Is your child on any medications at home? If yes, please give reason _____

Is your child currently under a doctor's care? If yes, please give reason _____

Occasionally your child may need acetaminophen or a cough drop at school. Please check yes or no:

Yes No My child may be given an age-appropriate dose of acetaminophen (Tylenol) at school.

Yes No My child may be given a cough drop at school.

Yes No My child may be given an antacid (tums) at school.

Family Doctor: _____ Insurance: _____

EMERGENCY CONTACTS (other than parent)

Name	Relationship	Phone Number

Emergency Contacts – Parental approval for the student to be picked up from school, for any reason, by someone other the parent/guardian must be given. The school will not release the student to anyone not listed on this form and or the contact form.

SIBLINGS LIVING IN THE HOME	SCHOOL ATTENDING

If emergency medical action or treatment is required and a parent/guardian cannot be contacted, I hereby consent for my student to be given medical care and if necessary, transported by ambulance to the hospital or doctor's office.

Parent/Guardian Signature

Date