

JESUP COMMUNITY SCHOOL – ANNUAL STUDENT HEALTH HISTORY UPDATE

Name of Student: _____ Birthdate: _____ Gender: _____ Grade: _____

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|---|--|---|
| <input type="checkbox"/> ADHD/ADD/Behavior Issues
<input type="checkbox"/> Asthma: <input type="checkbox"/> Inhaler w/ nurse <input type="checkbox"/> Self-Carry
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Blood Pressure Problems
<input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
<input type="checkbox"/> Needs Glucose Monitoring | <input type="checkbox"/> GI Conditions (constipation, reflux, IBS, etc.)
<input type="checkbox"/> Headaches/Migraine
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> Mental Health Condition
(Depression, eating disorder, anxiety) | <input type="checkbox"/> Single Organ: <input type="checkbox"/> kidney <input type="checkbox"/> testicle
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Urinary Condition
<input type="checkbox"/> Vision: (glasses/contacts)
<input type="checkbox"/> Other: please list below |
|---|--|---|

Please explain any answers or additional diagnoses not listed: _____

List ALL medications taken, whether given at school or at home. Please attach separate sheet if needed.

Medication	Dosage	How Often	Reason	Given
				<input type="checkbox"/> Home <input type="checkbox"/> School
				<input type="checkbox"/> Home <input type="checkbox"/> School
				<input type="checkbox"/> Home <input type="checkbox"/> School
				<input type="checkbox"/> Home <input type="checkbox"/> School

Please list allergies including food, environmental, latex, and medication allergies.

Allergies:	Reaction	Treatment
		<input type="checkbox"/> Avoid <input type="checkbox"/> Benadryl <input type="checkbox"/> Epi Pen <input type="checkbox"/> Other:
		<input type="checkbox"/> Avoid <input type="checkbox"/> Benadryl <input type="checkbox"/> Epi Pen <input type="checkbox"/> Other:

List any special dietary needs/restrictions (allergy to milk, carb counting, increased fiber, or food substitution) – Any special dietary needs **REQUIRES A ONE TIME DIET MODIFICATION FORM signed by a provider** _____

Explain any serious illness, injury, or surgery that your child has had: _____

Has your child had a: Dental visit in the last year? ___Yes ___No Dentist’s name _____

Physical exam in the last year? ___Yes ___No Name of child’s physician(s) _____

I give permission to the school health staff to share information relevant to my child’s health condition with the appropriate school personnel on an as needed basis to meet my child’s health and safety needs. ___Yes ___No

I give permission for my child to receive an Epinephrine Injection if he/she is experiencing symptoms of a life-threatening anaphylactic reaction if deemed necessary by a trained individual. ___Yes ___No If No, please specify: _____

I give permission to the Jesup Community Schools to give my child a weight appropriate dose of acetaminophen and ibuprofen if deemed necessary by school staff. ___Yes ___No ___Call First PLEASE NOTE: If a student requires over-the-counter medications more than 8 times during the school year, further permission from a healthcare provider will be required before additional doses will be given. Any over-the-counter medication that is taken long term at school must have an MD, DO, PA, or ARNP written approval on file at school. **

If deemed necessary by school staff, I give permission to the Jesup Community Schools to give my child: check all that apply
 antacids cough drops saline eye drops Vaseline/Aquaphor/Lotion Over the counter ointments (hydrocortisone, Benadryl cream or antibiotic oint.) If No, please specify: _____

I give permission to the Jesup Community Schools to apply a ‘mask’ to my child if they are sick with a fever and/or respiratory symptoms. ___Yes ___No

Signature of Parent/Guardian: _____ Date: _____

Emergency Phone: _____ Hospital Preference: _____
 If this number changes during the school year, notify the school office immediately.