

**Middle and High School
Carlisle School Annual Health Review
School Year: 2017-2018**

Student Name: _____ **Date:** _____ **Birth Date:** _____ **Grade:** _____

Health Review

Breathing Problems

___ Asthma
___ Reactive Airway
___ Other Problems

Heart Problems

___ Heart Murmur
___ Heart Surgery
___ Other Problems

Neurologic Problems

___ Frequent Headaches
___ Dizziness ___ Fainting ___ Seizure
___ ADHD/ ADD

Eating Problems

___ Stomach Problems/Ulcer
___ Bowel Problems
___ Special Diet at School

Gland Problems

___ Diabetes
___ Thyroid
___ Other Problems

Orthopedic

___ Broken Bones
___ Orthopedic Braces
___ Other Problems

Dr. Ordered Special Needs (please attach): ___ Glasses/ Contacts ___ Hearing Aids ___ Seat Close to Instruction ___ Liberal Bathroom Privileges ___ Physical Education Limits

List Your Child's Allergies: Food _____ Medicine _____ Environmental _____

List any illnesses, operations, or accidents your child has had in the past year: _____

List any emotional, social, or other conditions that might affect your child's school performance: _____

List other health concerns you would like the nurse to know about: _____

Current Medications: _____ **Medications to be Given at School:** _____

Emergency Information: Doctor Name: _____ Number: _____ Hospital Preference: _____

Dentist Name: _____ Number: _____

**** In case of serious accident and illness at school, your child will be sent to an emergency medical facility. The parent(s)/guardian is responsible for all expenses.**

Health Insurance Information: ___ Private ___ Medicaid ___ Hawk-i ___ No Insurance **Dental Insurance:** ___ Yes ___ No

Health Information/Screening: The school nurse may share educationally relevant health and emergency information (to include medical diagnosis) with school staff on a need to know basis.

PARENT AUTHORIZATION for Over The Counter Medications In Middle and High Schools:

I give permission to the school nurse to give my child an age appropriate dose of Acetaminophen (Tylenol) or Ibuprofen (Advil) when needed.

***PARENT SIGNATURE: _____ Date : _____

Parent/Guardian Signature _____ Date _____