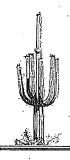
Tanque Verde Unified School District Student Health History (To be completed by Parent or Legal Guardian)

Student's Name		Gen	nder:M□ F□	DOB	Grade
Is your son/daughte	r allergic to any	medication, food, et	c.? (If yes, list)		
Is your child on any	medication? (If	yes, list)			
			•		
Does your student n	reed to carry er	nergency medication	with them at s	chool? (circle one)	Yes No
Circle if these apply chair, etc.), Scoliosis	to your child:(s, Anaphylaxis(Chronic IIIness, Specia severe allergic reactio	al Education, Gla on), Bleeding Dis	asses, Special Need sorders, Exemptio	ds (crutches, whee on to Immunization
Has y	our child ever	had or do they prese	ntly have? (P	lease circle Yes or	No)
	Year		Year		Year
ADD/ADHD	Yes No	Epilepsy (Seizures)			s Yes No
		Fainting	Yes No	Mononucleosis	Yes No
Anemia	Yes No.	Headache/Migraine	Yes No.	Neck Injury	
Ankle Injury	Yes No	Hearing Trouble	Yes No	Rheumatic Fever	Yes No
Arthritis		Heart Murmur			Yes No
Asthma	Yes No		Yes No		Yes No
Back Pain		Hernia (Rupture)			Yes No
Concussion		Hives	Yes No	SoreThroat, Chro	nic Yes No
Depression		Joint Pain			Yes No
Diabetes		Kidney Trouble		•	Yes No
•		Knee Injury/Surgery		Valley Fever	
Elbow Injury			Yes No	•	
		Loss/Consciousness		Other	Yes No
		, ,			-
Operations:		· · · · · · · · · · · · · · · · · · ·			
	Nature	Year	N	ature	Year
If you simpled "Vee"	for any of the a	bove, please give det	ails and list a	ny other items vo	u feel would assist
the staff in caring for		bove, piease give det	ans, and not a	ny other reems ye	
•				•	
•					
		•			· v
Printed name of Pare	ent or Legal Gua	ardian:			;
Signature of Parent o	•••••••				Date



TANQUE VERDE UNIFIED SCHOOL DISTRICT 13

TANQUE VERDE ELEMENTARY SCHOOL 2600 N FENNIMORE • TUCSON, AZ 85749 • 520-749-4244 • FAX 520-749-4292 • tanqueverdeschools.org

I (we) the undersigned parent			, a minor, d	0
hereby authorize and consent				- et
diagnosis rendered under the				
and emergency room staff lice				
licensed under the provisions hospital holding a current lice				ı
Health. It is understood that t				
treatment, or hospital care be				•
render care which the aforem				
may deem advisable. It is und				
prior to transporting the stude				<u>1e</u>
patient by such facility but tha				
undersigned cannot be reache				٠
•	•		·	
This authorization is given pur	suant to the provisio	ns of the Civil Code.		
				DV
YOU ARE PRESUMED ALREADY	TO HAVE CONSENTE	ED TO EMERGENCY I	REATMENT NECESSA	KY
TO PRESERVE LIFE AND LIMB.	,			
List any restrictions:				
Printed name of parent or gua	rdian:			
Signature of parent or guardia	n:		,	_
Date:				
- Dutter				- -
Address:			•	
	•		·	
City:	•	State:	Zip:,	
Phono: Homo	Call	Work		
Phone: Home			•	_
As parent/guardian, it is your r	esponsibility to upda	te the school any tir	ne there are changes	in'
your address or phone number		,		•
	•	•		

This consent shall remain effective until rescinded in writing.