

BENTON COUNTY SCHOOLS' STUDENT HEALTH HISTORY

*Superintendent, Pete Howell * Asst. Superintendent, Pam Gray*

Hickory Flat Attendance Center * Ashland High School * Ashland Elementary School

This form is necessary to inform the school of your child's health status and to plan for health needs that may impact their school day. All health information is considered confidential. It may be shared with staff as needed during the time your child is enrolled here in order to ensure the health and safety of your child. Information provided on this form is protected by the Family Educational Rights and Privacy Act (FERPA) as part of the student's educational record and securely stored at the school in your child's permanent file.

SECTION I * DEMOGRAPHICS

Student Name _____ Grade _____ Male _____ Female _____
Date of Birth _____ Age _____ Height _____ ft. _____ in. Weight _____ [pounds]
Health Care Provider _____ Phone# _____ Fax _____
Health Ins. _____ Group# _____ Medicaid# _____

I consent to the collaboration of my child's Health Care Provider(s) and the School Nurse for the care of my child. A copy of this form may be released to my child's Health Care Provider or Emergency Services if requested.

Signature _____ Date _____

SECTION II * Student Medical History

NO SICK OR INJURED CHILD WILL BE ALLOWED TO RIDE HOME ON THE BUS

ASTHMA Does your child have asthma? [YES / NO] Will your child use a **Rescue Inhaler** while at school? [YES / NO]

An **ASTHMA CARE PLAN** (a new Doctor's order) is **REQUIRED** to be on file at the start of each school year for all students who require an **Emergency Rescue Inhaler** for their **ASTHMA**.

Where a condition would put your child in danger of death during the school day, a medication-treatment order (care plan) should be obtained each year before school starts.

ALLERGIES ! Please list all **FOOD and MEDICATION** allergies !

Does your child have **Seasonal Allergies?**[**Non-emergent**] [YES / NO]

Is your child **Sensitive to** or **Allergic to:** Grass / Trees / Nuts / Carpet / Dust / Mold / Perfumes / Insect Bites / Bee Stings / Cats / Dogs etc...

Does your child have a **Life Threatening allergy** (COULD CAUSE DEATH) requiring **EPIPEN** use? [YES / NO]

An **ALLERGY CARE PLAN** (a new Doctor's order) is **REQUIRED** to be on file at the start of each school year for all students with **LIFE THREATENING ALLERGIES**. **LIFE THREATENING ALLERGIES LIST:**

Where a condition would put your child in danger of death during the school day, a medication-treatment order (care plan) should be obtained each year before school starts.

EPILEPSY / SEIZURES Does your child have epilepsy or seizures? [YES / NO] If yes, your child needs an **Epilepsy / Seizure care plan**.

DIABETES Does your child have diabetes? [YES / NO] If yes, your child needs a **Diabetic Care Plan**.

Where a condition would put your child in danger of death during the school day, a medication-treatment order (care plan) should be obtained each year before school starts.

DAILY MEDICATIONS Will your child take daily medications at school? [YES / NO] **MUST BE BROUGHT TO SCHOOL BY AN ADULT**

EMERGENCY MEDICATIONS Will your child need emergency medications at school? [YES / NO]

EPIPEN * BENADRYL * RESCUE INHALER * DIASTAT * GLUCAGON (please select all that apply)

If your child needs daily medications at school, each medication will need to be in a pharmacy container and have a **Medication Consent Form** on file at the school. These forms are available in the nurse's office. You must supply the medication.

List additional medical history: ADHD, GERD, Migraines, NoseBleeds, Sickle Cell, Bipolar, Kidney/Bowel/ Heart condition etc...

List daily medications your child takes at home:

PARENT/GUARDIAN

SIGNATURE _____ **Phone** _____ **DATE** _____

This form may be downloaded from the Benton County Web page for registration purposes. You may scan it into the on-line registration or drop it off at the school.