Student Health History and Tylenol/Ibuprofen Consent **Name** _____ **Grade**_____

PLEASE NOTE: Students in grades 9-12 may carry their own ibuprofen or Tylenol. This form must be signed and turned in first.

Authorizations **NOTE: PARENT/GUARDIAN MUST PROVIDE ALL MEDICATIONS FOR THEIR STUDENT.**

School personnel have my permission to administer: (PLEASE CIRCLE THE APPLICABLE) Acetaminophen, Ibuprofen Tums or Cough Drops to my child, not to exceed 5 doses per month without a physician's order. Please check, yes _____or no_____

Emergency Contacts (list in order of priority)
Name:_____ **Cell/home**_____ **work**_____ **Relationship**_____
Name:_____ **Cell/home**_____ **work**_____ **Relationship**_____

The School Personnel have my permission to contact my physician if needed. Please check, yes _____or no_____
Physician _____ **Number**_____

Parent/Guardian Signature_____**Date**_____

Health Information
Please circle below any of the following conditions that apply for your student. Give a brief explanation in the space provided.

_____ **I request that the school nurse contact me regarding my student's health issues**

1. Allergy-Bee Sting 989.5
2. Allergy-Food _____693.10
3. Allergy-Medication_____ V14
4. Allergy-Dust/Pollen/Hay fever 995.
5. Anaphylaxis to _____*995
6. Anemia 285.90
7. Anorexia 307.10 / Bulimia 307.51**
8. Anxiety 300
9. Arthritis (Rheumatoid) 714
10. ADD 314
11. ADHD 314.01
12. Asthma* 493
13. Autism 299
14. Birth Defect/Chromosome Disorder 758
15. Blood Disorder** 289.
16. Cancer/Leukemia** 208.
17. Celiac Disease *579
18. Cerebral Palsy **343
19. Color Blindness 368.50
20. Cystic Fibrosis 277.00
21. Depression 311.00Diabetes* 250
22. Down Syndrome 758.00
23. Endocrine Disorder V12.2
24. Epilepsy* 345
25. Growth disorder 253
26. Hearing Loss (Specify ear_____) 389
27. Hearing Impaired 389
28. Heart Disease ** 416
29. Hemophilia *286
30. Kidney Disorder **753
31. Menstrual Cramps (Severe) 625.30
32. Mental Health Issues V40
33. Muscular Dystrophy 359
34. Migraine Headaches 346.00
35. Osgood-Schlatter Disease 732.40
36. Obsessive Compulsive Disorder 300.30
37. Physically Impaired _____
38. Pregnancy(Current or Previous)659.80
39. Scoliosis 737.30
40. Sickle Cell Anemia 282.60
41. Speech
42. Tourette Syndrome 307.23
43. Tuberculosis V01.1
44. Ulcer 531
45. Visually Impaired 369
46. . Special Education Services
    a. ESL (English as a 2nd language)
    b. SLD (Specific learning disability)
    c. EBD (emotional/behavioral disorder)
    d. MMMI (mild/moderate mental impaired)
    e. MSMI (moderate/severe mental impaired)
47. Other_____

*Health plan will be needed
**Follow up information will be needed

Additional Information:_____
Current Medications: _____