***Please fill out a form for each student.

Student: ______________________________ / __________________ / ________________ / _______
LAST FIRST DATE OF BIRTH GRADE

Parent/Guardian:
_______________________________ / ____________ / ____________ / ___________ / ____________
NAME RELATIONSHIP CELL HOME WORK
_______________________________ / ____________ / ____________ / ___________ / ____________
NAME RELATIONSHIP CELL HOME WORK

HEALTH HISTORY:

❏ **NO HEALTH CONCERNS**

❏ **ADHD/ADD** Diagnosed by: Provider Name/Clinic -_________________________________
Medication (name/dose/time) ____

❏ **Allergies**: ___ Food ___ Medications ___ Bee Stings ___ Seasonal ___ Other: __________
Describe:
____
Life Threatening: ___ Yes ___ No Epi Pen: ___ Yes ___ No
Medication: ________________________ Medication/Epi Pen at School: _____________
(please fill out emergency action plan which can be found on the MACCRAY Schools website under departments, then health services have it signed by MD annually)

❏ **Asthma** or other breathing problems: ____
1. Has the student ever been diagnosed by a medical provider as having asthma? Y N
2. Does the student take medication for asthma? (If yes, list on back of form) Y N
3. Has the student had an episode of wheezing in the past 12 months? Y N
4. In the past 12 months, have you heard the student wheeze or cough after physical activity? Y N
5. Other breathing problems? Describe: ____
(please fill out asthma action plan which can be found on the MACCRAY Schools website under departments, then health services and have it signed by MD annually)

❏ **Bladder/Bowel**: ie. constipation, accidents (describe): _________________________________

❏ **Diabetes**: __ Type 1 __ Type 2 Managed by: ___ Diet Only ___Oral Meds ___ Insulin Pump ___Insulin Injections ___CGM
Additional Information:
(please fill out diabetic emergency action plan with your physician annually)

❏ **Seizures**: Type (describe): ______________________________ Date of Last Seizure: _______
(please fill out seizure action plan which can be found on the MACCRAY Schools website under departments, then health services and have signed by MD annually)

*****PLEASE MAKE SURE TO FILL OUT BOTH SIDES OF THIS FORM!*****

❏ **Social/Emotional/Behavioral/Mental**: Diagnosis: ___________________________________

Diagnosed by: Provider/Clinic/Date - ____

Anxiety ___ Depression ___ Social Phobia ___ Panic Attacks ___ Other ____________

Medication (name/dose/time) ____

Outpatient Therapy: Name of Therapist ____________Therapist Phone: ____________

❏ **Recent Surgeries or Hospitalizations**: ____

❏ **Activity Restrictions**: ____

❏ **Please explain any other health concerns or conditions**:__________________________
____

VISION:

❏ **No Vision Problems**

❏ **Glasses/contacts prescribed**

❏ **Wears glasses/contacts all of the time**

❏ **Wears glasses in the classroom only**

❏ **Glasses lost/broken**

HEARING:

❏ **No Hearing Problems**

❏ **Frequent ear infections (more than 3/year)**

❏ **Has ear tubes - Date Inserted _______**

❏ **Hearing Loss___ Left ___ Right**

❏ **Hearing Aids___ Left ___ Right**

❏ **Hearing aids lost/broken**

Is your child currently taking any medications (including inhalers)? Yes____ No____

If yes, please list name and reason for taking the medication:

____

____

____

Medications in School:

- If your child has **prescription medication** (including inhalers) that they will need during school, please complete the prescription medication consent form. Both the parent/guardian and the child's healthcare provider must sign this form.
- If your child has **over the counter medication** you would like to have available for them at school please complete the over the counter medication form, this form requires a parent/guardian signature.
  ***All medications must come to school in the original container.
- **Grades 6-12 can self carry and self administer tylenol and ibuprofen** with a completed consent form signed by the parent and the student.
- The above forms may be obtained from school or can be found on the MACCRAY Schools website under departments, then health services.