

Dallas Center-Grimes Annual Health Review 2010-11

YOUR ANSWERS ARE REQUESTED BUT NOT REQUIRED

The information obtained on this health survey will be shared with appropriate staff to provide for your child's safety and educational programming.

Student Name: _____ Grade: _____ Date of Birth: _____

Signature of Parent or Guardian _____ Date _____

Health Review

Please elaborate below for checks made.

Breathing Problems

Heart Problems

Neurological Problems

___ Asthma

___ Heart Murmur

___ Frequent Headaches

___ Seizure

___ Reactive Airway

___ Heart Surgery

___ Dizziness

___ ADHD/ADD

___ Other Problems

___ Other Problems

___ Fainting

___ Other Problems

Gland Problems

Orthopedic Problems

Eating Problems

Other

___ Diabetes

___ Broken Bones

___ Stomach Problems

___ Thyroid

___ Orthopedic Braces

___ Bowel Problems

___ Kidney

___ Other Problems

___ Special Diet at School

Dr. Ordered Special Needs:

___ Glasses/Contacts ___ Hearing Aids ___ Seat Close to Instruction ___ Liberal Bathroom Privileges ___ Physical Activity Limits

List Your Child's Allergies: Food _____ Medication _____ 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 _____ Reason for taking Medication _____

If medications are to be given at school, an authorization form to administer medication must be signed and accompany the medication in its original container.

Family Physician's Name _____ Phone # _____ Hospital Preference _____

REQUEST FOR GIVING TYLENOL (ACETAMINOPHEN) AT SCHOOL

In the event that you would like school personnel to give your child Tylenol (acetaminophen) for minor aches and pains, headache, toothache, dental pain, and menstrual cramps, the following form must be completed.

Medication: Tylenol (Acetaminophen) Dose: Age appropriate Time to be given: As needed

This request must be signed by a parent or guardian to authorize consent to give acetaminophen during school hours.

Please check one:

Please call before giving Tylenol (Acetaminophen).

My child may have Tylenol (Acetaminophen) as needed.

Parent or Guardian Signature _____ Date _____