

**Selma Middle School
2009-2010
Health Records**

| | | |
|-----------------------|-------------|---------------|
| Students Name _____ | Grade _____ | Age _____ |
| <u>Siblings Names</u> | <u>Age</u> | <u>School</u> |
| | | |
| | | |

Check if student has had problems with any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Asthma (diagnosed) <input type="checkbox"/> Nose bleeds <input type="checkbox"/> Head injuries (History of) <input type="checkbox"/> Diabetes (Diagnosed) <input type="checkbox"/> Seizures (History of) <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> ADHD (Diagnosed) <input type="checkbox"/> Other <input type="checkbox"/> Allergies (please list) _____ | Last Tetanus received _____ yr. Chicken Pox Disease _____ yr. Chicken Pox shot _____ yr. Receives Flu shot annually ___ yes or no |
|---|--|

Please explain any serious illness or injuries: _____

Does participation in sports or PE aggravate any existing conditions? Please explain: _____

Medication Permission

If my child experiences discomfort throughout the school day they are allowed to have the following medication: (Please check one or both that apply)

Tylenol 325 mg tablet _____

Ibuprofen 200 mg tablet _____

I understand that I will be notified if my child has taken up to three doses in a week's period by the nurse.

My child is not allergic to Tylenol or ibuprofen.

Parent/Guardian Signature _____

Emergency Medical Authorization Permit

In case of an accident or serious illness, I request the school to contact me. If the school officials are unable to contact me, I hereby authorize the school to telephone the physician indicated below and to follow his/her instructions. If it is not possible to contact the physician, the school may make whatever arrangements necessary.

Parent Signature _____

Phone number to reach parent during school hours _____

Cell phone of parent if applicable _____

Doctor Preferred: _____ Phone _____

Additional Emergency Contact Name: _____ Phone _____

Permission for Height and Weight Data

The State of Indiana would like to obtain information about students regarding their height and weight. No names are to be given with the data. Please sign if we are able to send your students information.

Parent Signature _____