

KUNA JOINT SCHOOL DISTRICT #3

HEALTH HISTORY

4th Grade through 12th Grade

STUDENT'S NAME: _____ BIRTHDATE: _____

Lives with: _____ Mom Dad Guardian

Information provided by: _____ Mom Dad Guardian

Today's Date _____ Grade _____ Gender Female Male

PLEASE CHECK THE FOLLOWING HEALTH CONCERNS THAT APPLY:

- ALLERGIES:
- Bee/insect sting: _____ Call 911 if stung
 - Medicine: _____ reaction _____
 - Food: _____ reaction _____
 - Environmental: _____ reaction _____
- ASTHMA: What starts an attack? exercise colds allergies, list _____
 smoke other, list _____
- List asthma medications** _____
- VISION: contacts glasses vision loss color blind other _____
Date of last exam _____
- HEARING: hearing loss, describe _____
 frequent ear infections hearing aids
- DIABETES: insulin dependent non-insulin dependent
- HEART PROBLEMS: list _____
- EATING/DIGESTION PROBLEMS: _____
- MUSCLE/JOINT/BONE PROBLEMS: _____
- KIDNEY/BLADDER CONCERNS: _____
- SEIZURES: type _____ frequency _____ medication _____
- ATTENTION DEFICIT DISORDER: in counseling on medication, list _____
- EMOTIONAL CONCERNS: list _____
- HEADACHES/MIGRAINES: frequency _____ treatment _____
- PAST SURGERIES _____
- PAST MAJOR ILLNESSES/INJURIES _____
- MEDICATIONS: taken at home, list _____
 taken at school, list _____
- OTHER: _____

MY STUDENT MAY BE GIVEN THE FOLLOWING MEDICINE BY A SCHOOL EMPLOYEE:

Acetaminophen (Tylenol) 325 mg. 1 tab 2 tabs
Ibuprofen (Advil/Motrin) 200 mg. 1 tab 2 tabs

We hereby consent to the treatment of our minor child by a medical physician or medical personnel at any hospital OR to temporary treatment by a registered nurse, licensed practical nurse or emergency medical technician until a medical physician can be obtained for any illness or injury to our minor child while on or adjacent to any school grounds of the Kuna Joint School District. This consent shall include, but not be limited to, any surgery deemed required or desirable for immediate health or medical treatment of our child.

Parent/ Guardian Signature

Date