

Health History Update

School Year 2024-25
(Confidential Information)

(CIRCLE ONE)

Student's Name _____ Grade _____ AGS / WSGS / ECHS
LAST FIRST

Health Issues (please circle all that apply to your child): Asthma Diabetes Seizures ADD ADHD

None Other _____

Allergies (please circle all that apply to your child): Medication Food Seasonal Latex Insect Sting

None Please explain/list _____

Does your child have an EpiPen that he/she will need to bring to school due to an allergy?: Yes No

Does your child have an inhaler that he/she will need to bring to school due to asthma?: Yes No

Will your child self carry the inhaler or keep it in the nurse's office?: Carry on person Leave with nurse

If yes, please complete the medication form to have an EpiPen/inhaler at school.

A physician must sign the form for an EpiPen. A physician's signature is not needed for an inhaler.

Inhalers and EpiPen's must have the pharmacy label with the students' name attached to the container.

Has your child had any of the following since registration last school year?

Serious illness or injury: Yes No If yes, please list _____

Diagnosed with a new condition: Yes No If yes, please list _____

Been hospitalized: Yes No If yes, please list reason _____

Does your child take any daily medication? Yes No If yes, please list _____

Will your child need to take any medication at school? (please circle)

Yes, every day Yes, but only as needed Yes, if we forget to take it at home No, none

In an emergency, if your child would need to be transported to the hospital, which hospital would you want them taken to? (Please circle) Fairfield Mt. Carmel Olney

EMS will only transport to the nearest hospital in an emergency situation.
They could later be transferred to another hospital.

**Please note: All medications must be in their original container, come to the nurse's office or West Salem Grade School office at the beginning of the day, and be accompanied by a physician's order. This applies to ALL medications, whether prescription or over-the-counter. Tylenol, Advil, Dimetapp, etc. can be ordered on an "as needed" basis and one order is good for the entire school year. Please complete a medication form if your child will/might need medication during school hours. **

I understand that the school nurse CANNOT give any over-the-counter or prescription medications without a physician's written order & a new order is needed each school year.

Parent/Guardian Signature _____ Date _____