

Student Health History and Tylenol/Ibuprofen Consent

Name _____

Grade _____

Authorizations NOTE: TYLENOL OR IBUPROFEN MUST BE PROVIDED BY PARENT/GUARDIAN.

School personnel have my permission to administer Acetaminophen or Ibuprofen to my child, not to exceed 5 doses per month without a physician's order. Please check, yes _____ or no _____

The School Personnel have my permission to contact my physician if needed. Please check, yes _____ or no _____

Physician _____ Number _____

Parent/Guardian Signature _____ Date _____

Health Information

Please circle below any of the following conditions that apply for your student. Give a brief explanation in the space provided.

_____ Regarding the health issue(s) listed below, I request that the school nurse contact me to discuss further.

- | | | |
|--|---------------------------------------|---|
| 1. Allergy-Bee Sting T-63.444A | 20. Color Blindness H53.59 | 38. Physically Impaired _____ |
| 2. Allergy-Food _____ Z91 | 21. Cystic Fibrosis E84.9 | 39. Scoliosis Q76 |
| 3. Allergy-Medication _____ T88.7 | 22. Depression F33.8 | 40. Sickle Cell Anemia D57 |
| 4. Allergy-Dust/Pollen/Hay fever J30.1 | 23. Diabetes E10.9* | 41. Speech R47 |
| 5. Allergy-Seasonal J30.2 | 24. Down Syndrome Q90.9 | 42. Tourette Syndrome F95.2 |
| 6. Anaphylaxis to _____ * | 25. Endocrine Disorder | 43. Tuberculosis |
| 7. Anemia D64.9 | 26. Epilepsy G40* | 44. Visually Impaired |
| 8. Anorexia R63 / Bulimia F50.2 ** | 27. Growth disorder | 45. . Special Education Services |
| 9. Anxiety F41.9 | 28. Hearing Loss (Specify ear _____) | a. ESL (English as a 2nd language) |
| 10. Arthritis (Rheumatoid) M06.9 | 29. Hearing Impaired H90 | b. SLD (Specific learning disability) |
| 11. ADD F90 | 30. Heart Disease I27.89** | c. EBD (emotional/behavioral disorder) |
| 12. ADHD F90 | 31. Hemophilia D66* | d. MMMI (mild/moderate mental impaired) |
| 13. Asthma J45* | 32. Kidney Disorder Q61** | e. MSMI (moderate/severe mental impaired) |
| 14. Autism | 33. Mental Health Issues | 46. Other _____ |
| 15. Birth Defect/Chromosome Disorder | 34. Muscular Dystrophy G71 | |
| 16. Blood Disorder** | 35. Migraine Headaches G43 | |
| 17. Cancer/Leukemia** | 36. Osgood-Schlatter Disease M92.5 | |
| 18. Celiac Disease K90* | 37. Obsessive Compulsive Disorder F42 | |
| 19. Cerebral Palsy G80** | | |

*Health plan will be needed
**Follow up information will be needed

Additional Information: _____

Current Medications: _____