

**Missoula County Public Schools
Confidential Student Health History**

Teacher: _____

Grade: _____

Student Name: _____

Birth Date: _____

Dear Parent:

The information you provide about your child's health conditions may be disclosed to your child's teacher (s) and other school staff as needed to provide for your child's health and safety at school. Please check any conditions that apply and give additional information as indicated.

Allergies: To what? _____

Symptoms your child had: _____

What medications were used to treat those symptoms? _____

Has your child ever been given a written prescription for epinephrine (EpiPen)? Yes * No

Asthma OR Reactive Airway Disease: What "triggers" cause asthma symptoms in your child?

Exercise Respiratory infection Change in temperature Animals Strong odors or fumes

Foods _____ Dust Pollens Molds Carpets in rooms

Other _____

What medications does your child use for asthma? _____

Will/does your child have an inhaler in the school office? Yes* No Carry inhaler with them? Yes* No

Diabetes: Type: _____ Medications: _____ Pump Injections

Seizures: Type: _____ Date of last seizure: _____

Current anti-seizure medications: _____

Hearing loss or impairment: Wears hearing aid Other: _____

Vision Impairment: Describe: _____ Wears glasses or contacts? Yes No

Surgeries: Type and Date: _____

Hospitalizations: Date and cause: _____

Other Health Conditions, physical restrictions or medication at home that may require consideration at school: _____

Medications that must be given during the school day require an annual order/permission form signed by both the primary care provider and the parent. To ensure the safety of all our students, parents must bring all medications to the school office in the original pharmacy or manufacturer labeled container. All medications except for life saving medications, (EpiPen, inhalers, and diabetic medications) the student has been authorized to carry must be kept in the school office.

Please ask the school secretary for the correct forms or you may download them from the MCPS website.

In the case of accident or serious illness, the school will provide first aid and contact the parents to obtain further medical attention. The school may notify emergency services if deemed necessary. If appropriate and the school is unable to contact the parent, the school may contact the medical provider listed below and follow his/her instructions.

In case of emergency: Doctor/ Medical Provider: _____ Phone: _____

Parent/ Guardian Signature

Date

Nurse Review: Date: _____
Initial: _____