

Connecticut Technical High School System

Health History, Emergency Contact & Non-Prescription Medication Form Harvard H. Ellis Technical High School

For School Nurse's Use Only:

Received:

Valid for Academic Year: _____ to _____

Student's name: _____ Date of Birth _____ Shop _____

Is your child covered by Medical Insurance? Yes No

Medications taken at Home (**daily or as needed**): _____

Medications taken at School: _____

Allergies (**food, medication, insects, latex, environmental**): No Yes _____

EpiPen needed? No Yes

I, _____ (Parent/Guardian name) give the school nurse permission to speak with my child's doctor about allergy and/or asthma management. Parent/Guardian Initials: _____ Date: _____

My child has or has had:

Asthma mild moderate severe exercise induced? Inhaler needed: Yes No

Diabetes Seizures Brain or neurologic problem Head injury or concussion Bleeding disorder or bleeding that's very hard to stop Stomach or intestinal problems Heart problems Bone or joint problems

Glasses Contacts Hearing Aid(s) Activity or gym restrictions (**requires doctor's note**) Problem with

overeating/weight gain Problem with under-eating/weight loss ADD, ADHD or hyperactivity Depression

Other psychological problem Frequent absences from school Problems in school Problems at home

Other medical problem(s) _____

Please provide more information for any box checked above: _____

Permission to give Non-Prescription Medication:

The School Nurse has permission to administer the following medications as ordered by the school district's Medical Advisor on an "as needed" basis during the school day.

For headache (without head injury), fever, menstrual cramps, dental discomfort, or muscle aches:

Acetaminophen (generic Tylenol) Ibuprofen (generic Advil or Motrin)

For "upset stomach" or heartburn:

Chewable Antacid (generic for TUMS))

I do not want my child to receive any of these medications

Signature of Parent or Legal Guardian _____ Date: _____

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