Early Childhood Student Health History and Consent **Name** ____ **Grade**__________

Authorizations:

The School Personnel have my permission to contact my physician/dentist if needed. Please check, yes ____________or no_____________
Physician ____ **Number**______________________________________
Dentist ____ **Number**______________________________________

Emergency Contacts (list in order of priority)
Name:________________________________ **Cell/home**_________________________ **work**___________________ **Relationship**_____________
Name:________________________________ **Cell/home**_________________________ **work**___________________ **Relationship**_____________

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

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

Immunizations: As of September 1, 2014 Minnesota State Law requires that all children in an early childhood program through pre-kindergarten be up to date on their immunizations in order for them to **start/remain** in school. The DTaP, polio, MMR, chickenpox, pneumococcal, Hib, and Hepatitis A and B shots are required for child care and early childhood programs. The only children who are not required to be immunized are those who have medical reasons for not receiving certain shots or who are legally exempt because of their parents' personal beliefs. A child care or early childhood program provider can refuse to admit your child if he or she doesn't have documentation of either the shots or a legal exemption. This information is to be updated once during the school calendar year .

____Immunizations compliant and turned in.
____Will send a copy before starting class.

Additional Information:____
Current Medications: ____