

**Student Health History and Tylenol/Ibuprofen Consent**

Name \_\_\_\_\_

Grade \_\_\_\_\_

**Authorizations** NOTE: PARENT/GUARDIAN MUST PROVIDE TYLENOL/IBUPROFEN FOR THEIR STUDENT.

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 \_\_\_\_\_

I authorize my child to carry and self-administer Tylenol/ibuprofen throughout the school year. I understand that school personnel have the final decision in this authorization and can revoke this privilege at any time. Please check, yes \_\_\_\_\_ or no \_\_\_\_\_

I authorize school personnel to send home any non-controlled medication with my child at the end of the school year. 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            | 39. Physically Impaired _____             |
| 2. Allergy-Food _____ Z91              | 21. Cystic Fibrosis E84.9             | 40. Pregnancy(Current or Previous) Z34    |
| 3. Allergy-Medication _____ T88.7      | 22. Depression F33.8                  | 41. Scoliosis Q76                         |
| 4. Allergy-Dust/Pollen/Hay fever J30.1 | 23. Diabetes E10.9*                   | 42. Sickle Cell Anemia D57                |
| 5. Allergy-Seasonal J30.2              | 24. Down Syndrome Q90.9               | 43. Speech R47                            |
| 6. Anaphylaxis to _____ *              | 25. Endocrine Disorder                | 44. Tourette Syndrome F95.2               |
| 7. Anemia D64.9                        | 26. Epilepsy G40*                     | 45. Tuberculosis                          |
| 8. Anorexia R63 / Bulimia F50.2 **     | 27. Growth disorder                   | 46. Visually Impaired                     |
| 9. Anxiety F41.9                       | 28. Hearing Loss (Specify ear _____)  | 47. . Special Education Services          |
| 10. Arthritis (Rheumatoid) M06.9       | 29. Hearing Impaired H90              | a. ESL (English as a 2nd language)        |
| 11. ADD F90                            | 30. Heart Disease I27.89**            | b. SLD (Specific learning disability)     |
| 12. ADHD F90                           | 31. Hemophilia D66*                   | c. EBD (emotional/behavioral disorder)    |
| 13. Asthma J45*                        | 32. Kidney Disorder Q61**             | d. MMMI (mild/moderate mental impaired)   |
| 14. Autism                             | 33. Menstrual Cramps (Severe) N94.6   | e. MSMI (moderate/severe mental impaired) |
| 15. Birth Defect/Chromosome Disorder   | 34. Mental Health Issues              | 48. Other _____                           |
| 16. Blood Disorder**                   | 35. Muscular Dystrophy G71            |   |
| 17. Cancer/Leukemia**                  | 36. Migraine Headaches G43            |   |
| 18. Celiac Disease K90*                | 37. Osgood-Schlatter Disease M92.5    |   |
| 19. Cerebral Palsy G80**               | 38. Obsessive Compulsive Disorder F42 |   |

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

Additional Information: \_\_\_\_\_

Current Medications: \_\_\_\_\_