

Tahanto Student Health Screening Form

To be completed by Parent or Guardian:

Student's Name: _____ Grade _____

Emergency Contact Information

Mother/Guardian _____

Home _____ Work _____ Cell _____

Father/Guardian _____

Home _____ Work _____ Cell _____

Email (optional) _____

Emergency Contact(s) in the event Parents(s), Guardians are not available:

Name: _____ Contact # _____

Name: _____ Contact # _____

Name: _____ Contact # _____

1. Has your child had to seek medical attention in the past two years? If yes, for what reason(s)?

2. Does your child take any prescription medication, over the counter medication, vitamins or supplements on a regular basis? If yes, please list.

3. Does your child take this medication during the school day? _____
If yes, please speak with school nurse to assist with this.

4. Does your child wear glasses or contact lenses? _____

5. Does your child have a hearing loss? _____

6. Has your child had any of the following: (leave blank if it is not applicable to student)

Asthma _____

Inhaler for Asthma _____

Allergies to bees/insects _____

Epipen _____

Allergies to food/any other allergen

Depression _____

Mononucleosis _____

Kidney Disease _____

Fainting _____

Pneumonia _____

Heart Condition _____

Hepatitis _____

Rheumatic Fever _____

Scarlet Fever _____

Bronchitis _____

Arthritis _____

Scoliosis _____

Seizures _____

Anxiety _____

Change in weight _____

Diabetes _____

ADD/ADHD _____

Insulin Dependent? _____

Headaches _____

Menstrual Problems _____

Consent: I give permission for the school nurse or designee to administer Tylenol 650mg. and/or Ibuprofen 400mg. to my child as needed.

Signature _____ Date _____