**Yuma Union High School District**
3150 S. Avenue A, Building A
Yuma, Arizona 85364
Ph: 928.502.4605

# Medical History/Consent Form 5-404

School Year: _____ School:_____

## Emergency Information

Student name:_____ DOB:_____ Grade:_____ ID# _____

Parent Name:_____ Ph#:_____

Ph#2:_____ Email_____

Emergency Contact #1:_____ Ph#:_____

Emergency Contact #2:_____ Ph#:_____

Doctor Name:_____ Ph#_____

- I _____ authorize the school nurse to contact my child's healthcare provider to discuss any medical-related conditions I may indicate on this form.

## Health History

- Please **"check (X)"** any of the following Health Conditions if it pertains to your child:

| | | | |
|---|---|---|---|
| ☐ | **Allergies & Reactions:** _____<br>• **EpiPen:** ☐ Yes ☐ No | ☐ | **Daily Medications**<br>Please List: |
| ☐ | **Asthma inhaler:** ☐ Yes ☐ No | ☐ | **Depression/ Anxiety** |
| ☐ | **Diabetes: Type I or Type 2**<br>Continuous Glucose Monitor: ☐ Yes ☐ No | ☐ | **Other Recent or Chronic Illness/Condition/Surgery**<br>Please List: |
| ☐ | **Seizures:** Rescue Meds: ☐ Yes ☐ No | ☐ | **Autism** |
| ☐ | **Concussion/Traumatic Brain Injury (within a year)** | ☐ | **Wear Glasses or Contacts** |
| ☐ | **Migraines/ Frequent Headaches** | ☐ | **Hearing Loss, check:** ☐ **Right** ☐ **Left** ☐ **Both** |
| ☐ | **ADHD/ ADD** | ☐ | Had **Chronic Illness Form** for previous school year |

## Over The Counter (OTC) medication

- At the RN's discretion and following district policy, OTC medication may be administered to treat your child. Please *check* **Yes** or **No** for the following:

| | | | | | |
|---|---|---|---|---|---|
| ☐Y | ☐N | Ibuprofen (Advil, Motrin) | ☐Y | ☐N | Antibiotic Ointment |
| ☐Y | ☐N | Acetaminophen (Tylenol) | ☐Y | ☐N | Benadryl Oral/ Benadryl Cream |

**Additional OTC medication* may also be administered, such as antacid, cough drops, Orajel, and eye drops.

**Parent/Guardian Signature** _____ **Date:**_____

❖ **Nurse Notes:**