MERCY MCAULEY HIGH SCHOOL STUDENT HEALTH INFORMATION

School Nurse Phone: 513-681-1800x1126

STUDENT MEDICAL RECORD FORM

Name:	**Date of Birth:**
Health Problems/Limitations: Please circle if applicable Asthma Diabetes ADHD/ADD Cardiac Conditions Seizure Disorder Physical Disability Menstrual Problems Digestive Disorder Hearing Loss Kidney Disease Scoliosis Bleeding Disorders Mental Health Visual Impairment Concussions/Past Head Injuries Autoimmune Diseases Migraines Other	**Special considerations/actions needed at school regarding health issues:**
Allergies requiring emergency care/ epinephrine: If bee sting or food allergy, list type of reaction and action to be taken at school	**Current Medications:**

IMMUNIZATION HISTORY

State law requires the month, day and year of each immunization given. **Attach a copy of electronic record or complete.**

DTaP, DTP,DT Tdap	1.__/__/__ 1.__/__/__/	2.__/__/__	3.__/__/__	4.__/__/__	5.__/__/_
Polio (4 doses)	1.__/__/__	2.__/__/__	3.__/__/__	4.__/__/__	
MMR (2 doses)	1.__/__/__	2.__/__/__			
Hib	1.__/__/__	2.__/__/__	3.__/__/__	4.__/__/__	
Hep B (3 doses)	1.__/__/__	2.__/__/__	3.__/__/__		
Varicella (chicken pox) 1 or 2 doses	1.__/__/__	2.__/__/__	Or disease		
Meningitis: (Menactra, MCV4, Meningococcal)	__/__/__	__/__/__			

Note about medication at school: **Administration of Medication Form** must be completed for school personnel to administer prescribed medication or for students to self-administer an **epipen autoinjector or asthma inhaler.** This form can be found on the school website.

Signature of Parent: _____ **Date**: _____

This information may be shared with school personnel in order to provide for your child's health, safety, and educational programming. In addition, a copy of this form may be provided to athletics, employees, and/or chaperones for student participation in sports and/or a field trip.