

## NURSING SERVICES-PRESCHOOL HEALTH SCREENING

Compass Building, 2768 Compass Drive Suite 200, Grand Junction, CO 81506

**This form must be turned into the school office before child can attend preschool**

### **PRESCHOOL HEALTH HISTORY**

TO BE COMPLETED BY PARENT / GUARDIAN UPON REGISTRATION

|                 |                   |                    |                  |               |              |               |
|-----------------|-------------------|--------------------|------------------|---------------|--------------|---------------|
| <b>STUDENT:</b> | <b>Last Name:</b> | <b>First Name:</b> | <b>Birthdate</b> | <b>Gender</b> | <b>Grade</b> | <b>School</b> |
|-----------------|-------------------|--------------------|------------------|---------------|--------------|---------------|

#### **HEALTH HISTORY AND MEDICAL CARE:**

Please fill in the information below if your child has been diagnosed and treated for any of the following conditions:

|  | <b>DIAGNOSIS / TREATMENT</b><br>Describe (write details) in the area provided                                                      | <b>DATE of DIAGNOSIS</b> | <b>DATE of LAST EPISODE</b> | <b>PRESCRIPTION and/or ROUTINE OVER-THE-COUNTER MEDICATIONS</b> | <b>Med needed at school?</b> |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|-----------------------------------------------------------------|------------------------------|
|                                                                                  | Allergy (Severe) or Allergic Reaction to:<br>Symptoms:                                                                             |                          |                             |                                                                 | YES/NO                       |
|                                                                                  | Asthma:                                                                                                                            |                          |                             |                                                                 | YES/NO                       |
|                                                                                  | Diabetes:                                                                                                                          |                          |                             |                                                                 | YES/NO                       |
|                                                                                  | Seizure Disorder:                                                                                                                  |                          |                             |                                                                 | YES/NO                       |
|                                                                                  | ADD or ADHD (circle one):                                                                                                          |                          |                             |                                                                 | YES/NO                       |
|                                                                                  | Birth History/Delivery/Congenital problems:                                                                                        |                          |                             |                                                                 | YES/NO                       |
|                                                                                  | Concussion diagnosed by physician:<br>(Symptoms usually better after 3 weeks)                                                      |                          | Describe:                   |                                                                 | YES/NO                       |
|                                                                                  | Acquired Traumatic Brain Injury:<br>Includes: traumatic brain injuries (TBI), strokes, or any brain injuries acquired after birth. |                          | Describe:                   |                                                                 | YES/NO                       |
|                                                                                  | Other injuries or illnesses                                                                                                        |                          | Describe:                   |                                                                 | YES/NO                       |

**The Health Offices in Mesa County School District 51 are staffed by Health Assistants under the supervision of a Registered Nurse.**

The above information is considered confidential and is shared on a "need to know" basis between the Registered Nurse (District/School Nurse) and School Staff who will be in contact with and responsible for your child during the school day.

Medications given at school must be accompanied by a signed physician order, signed parental permission (forms are available in the school Health Office), and must be in the original labeled container.

Parents/Guardians are responsible for informing the school of any health issues that have changed for their student throughout the school year.

Health Care Professional Name: \_\_\_\_\_

Health Care Professional Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_