Tower School Health History

Student Name_____ Grade_____ DOB_____
Parent Name/ Guardian_____
Address_____City_____
Phone: (H)_____ (C)_____ (W)_____

Emergency Contact #1
Phone: (H)_____ (C)_____ (W)_____

Emergency Contact #2
Phone: (H)_____ (C)_____ (W)_____
List Current Medications

_____
_____
_____

Medications to be given at school: Yes_____ (please list below) No_____

Prescription Medication Name/Reason	**Dosage**	**Time**

****Each medication MUST be accompanied by a doctor's prescription and in the original bottle with label from the pharmacy.**

Does your child have any health condition now under treatment? No Yes
Please list:_____
Has your child been hospitalized anytime in the last 3 years? No Yes
Please list:_____
Has your child had any surgeries that may be of significance? No Yes
Please list:_____
Does your child have any eye, ear, nose or throat issues, including tonsil/adenoids removed? No Yes
Please list:_____
Does your child have any heart conditions? No Yes
Please list:_____
Does your child have allergies to food, medications, or seasonal? No Yes
Please list allergy and reaction:_____
Has your child had any head injuries, concussions, etc.? No Yes
Please list:_____
Does your child have any hearing, vision, or speech problems? No Yes
Please list:_____
Please list any special dietary needs or physical handicaps:_____

Is there anything more about your child's health that you think is important for us to know?

_____
_____

Parent/Guardian Initials for Consent:

_____I give permission for trained staff to provide prescription medication(s) as listed above. I agree to notify Tower School immediately with any changes in medication orders.

_____I give permission for trained staff to provide Tylenol, Ibuprofen, Tums, and cough drops (according to manufacturer dosage instructions) to this student for discomfort and verify that the student has taken these medications previously without problem.

****Non-prescription medicine must be given to the office in it's original bottle with label attached.**

Parent/Guardian Signature_____ Date_____

Authorization expires at the end of each academic year.