



Manzano Day School

Student Health Form

Student Information:

Last Name: _____ First Name: _____
Age: _____ Grade: _____ Weight: _____ Date of Birth: _____
Student's Physician: _____ Physician's Phone # _____
Insurance Co.: _____
Preferred Hospital student should be sent in case of emergency: _____

Medications:

All medications will be kept in the nursing office. If your child needs medication while at school, an additional medication form MUST be filled out. Please call the nursing office.

Please list all medications (including herbs, etc.) your child currently takes:

While at school, my child may take:

Acetaminophen (Tylenol)	Yes_____	No_____
Ibuprofen (Advil, Motrin)	Yes_____	No_____
Benadryl	Yes_____	No_____
Sunscreen	Yes_____	No_____

Allergies:

Does your child have allergies to the following? If yes, describe *type* and circle *severity*:

Yes No Food _____ Mild Moderate Anaphylactic

Yes No Medicine _____ Mild Moderate Anaphylactic

Yes No Bee Stings _____ Mild Moderate Anaphylactic

Yes No Hay Fever _____

Yes No Will you provide an Epi-Pen to keep at school?

If yes, please provide two, one for the nurse and one for the classroom.

Immunizations:

New Mexico Law requires that all students have a current vaccination record on file or a formal exemption from the Department of Health prior to the first day of school.

_____ Manzano Day School has a current immunization record or formal exemption on file.

_____ A copy of a current immunization record or formal exemption is enclosed for Manzano Day School files.

(Over for health history)

Health History:

Has your child ever experienced the following medical conditions? If so, please comment:

MEDICAL

Yes	No	Cancer	_____
Yes	No	Heart Disease	_____
Yes	No	Diabetes	_____
Yes	No	Seizures	_____
Yes	No	Hypertension	_____
Yes	No	Headaches	_____
Yes	No	Migraines	_____
Yes	No	Attention Deficit Hyperactive Disorder	_____
Yes	No	Asthma	_____

If yes, circle severity: Mild Moderate Severe

If moderate to severe, please provide a copy of child's asthma management plan including Peak Flow Zones; also, please provide a peak flow meter for student use while on campus. For emergency purposes please provide an inhaler for the nurse's office.

Do they have an inhaler?	Yes	No
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Are they independent using the inhaler? Yes No

Yes	No	Other Respiratory condition _____
Yes	No	Kidney or Urinary condition _____
Yes	No	Gastro-intestinal condition _____
Yes	No	Musculoskeletal condition _____
Yes	No	Skin condition _____
Yes	No	Tonsillitis _____
Yes	No	Wears contacts or glasses _____
Yes	No	Wears hearing aids _____

Other medical condition: _____

PSYCHOSOCIAL:

Yes No Anxiety

Yes	No	Depression
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Other psychosocial condition or concerns: _____

Should a student become ill or experience an emergency during school hours (7:15 a.m. – 6:00 p.m.), parents, guardians or emergency contacts will be notified. If the listed contacts cannot be reached, permission is hereby granted to transfer your child by ambulance, if needed, to the appropriate medical facility. Also, if medical or psychological concerns regarding your child arise during the school year, please do not hesitate to contact the nurse's office at 243-6659 x 213, or E-mail us at nurse@manzanodayschool.org. Thank you.

Signature of Parent or Guardian

Date

Parent Name _____